

**CITY OF NEWTON
PURCHASING DEPARTMENT**

***CONTRACT FOR NEWTON COMMUNITY
DEVELOPMENT AUTHORITY***

PROJECT MANUAL:

**Josephine Sho
68 Brooks Ave.
Newton, Massachusetts
Lead Abatement and Rehabilitation**

INVITATION FOR BID #17-23

MANDATORY Pre-Bid Meeting: October 25, 2016 at 10:00 a.m.

Bid Opening Date: November 10, 2016 at 11:30 a.m.

OCTOBER 2016

Setti D. Warren, Mayor

**CITY OF NEWTON
PURCHASING DEPARTMENT
INVITATION FOR BID #17-23**

The City of Newton (City) invites sealed bids from Qualified Contractors for the benefit of Josephine Sho (Applicant), with respect to Applicant's property located at 68 Brooks Avenue, Newton MA (Property). It is understood that, while the City is responsible for this procurement, the contract awarded will be between the Applicant and the Contractor, and that upon execution of the contract between the Applicant and the Contractor, neither the Newton Community Development Authority (Authority) nor the City shall have any liability to either of them, for any reason whatsoever.

The contract is for the following purposes:

**Renovations to the Property as set forth in the Specs by Location/Trade (REHAB) and
Specs By Location/Trade (LEAD) attached as Attachment A (Project)**

MANDATORY Pre-Bid Meeting: 10:00 a.m., Tuesday, October 25, 2016, located at: 68 Brooks Ave, Newton.
This MANDATORY walk through of the work site may be held at such later date and time as the City shall specify in an email notice to all Bidders of record.

Bids will be received until: **11:30 a.m. , Thursday, November 10, 2016** at the Purchasing Department, Room 201, Newton City Hall, 1000 Commonwealth Ave., Newton, MA 02459. Immediately following the deadline for bids all bids received within the time specified will be publicly opened and read aloud.

Contract Documents will be available on line at www.newtonma.gov/bids, or for pickup at Newton City Hall, Room 201, Purchasing Department, 1000 Commonwealth Avenue, Newton Centre, MA 02459 after **10:00 a.m., October 13, 2016**. There will be no charge for contract documents. Bid surety is not required with this bid.

Award will be made to the lowest, responsible, and responsive Qualified Contractor for services based on the Grand Total from Bid Form #17-23. Any bidder not providing prices for all line items may be deemed unresponsive and therefore rejected.

Provision of services is required to start upon the execution of this contract. The dollar value of the contract may not be increased by an amount more than twenty five percent (25%) of the contract total. "Qualified Contractor" requirements are set forth at Section 7.5 below.

The term of the awarded contract **shall extend from the time of execution for approximately sixty (60) days or until the Project is finished.**

All bids shall be governed by the terms and conditions set forth in this IFB. Any supplies subject to the bid shall be delivered F.O.B. Destination at the Property.

All bids shall be submitted as **one (1) ORIGINAL and two (2) COPIES.**

All City bids are available on the City's web site at www.newtonma.gov/bids. It is the sole responsibility of the contractors downloading these bids to ensure they have received any and all addenda prior to the bid opening. Addenda will be available online within the original bid document as well as a separate file. If you download bids from the internet site and would like to make it known that your company has done so, you may fax the Purchasing Department (617) 796-1227 or email to purchasing@newtonma.gov with your NAME, ADDRESS, PHONE, FAX AND INVITATION FOR BID NUMBER.

The City will reject any and all bids as permitted by law or if it is in the best interests of the City or the Applicant. In addition, the City reserves the right to waive any informalities in any or all bids, or to reject any or all bids (in whole or in part) if it be in the public interest to do so.

In the event that any person wishes to attend a bid opening or pre-bid meeting, accessible and reasonable accommodations will be provided to persons requiring assistance. If you need a reasonable accommodation, please contact the city of Newton's ADA Coordinator, Jini Fairley, at least two business days in advance of the meeting: jfairley@newtonma.gov or (617) 796-1253. For Telecommunications Relay Service, please dial 711.

CITY OF NEWTON



Nicholas Read
Chief Procurement Officer
October 13, 2016

CITY OF NEWTON
DEPARTMENT OF PURCHASING
INSTRUCTIONS TO BIDDERS

ARTICLE 1 - BIDDER'S REPRESENTATION

- 1.1 Each General Bidder (hereinafter called the "Bidder") by making a bid (hereinafter called "bid") represents that:
1. The Bidder has read and understands the Contract Documents and the bid is made in accordance therewith.
 2. The Bidder has attended the mandatory pre-bid meeting and walk through at the work site and is familiar with the local conditions for which the services are being procured.
- 1.2 Failure to so examine the Contract Documents and work site will not relieve any Bidder from any obligation under the bid as submitted.

ARTICLE 2 - REQUEST FOR INTERPRETATION

- 2.1 Bidders shall promptly notify the City of any ambiguity, inconsistency, or error which they may discover upon examination of the Contract Documents, the site, and local conditions.
- 2.2 Bidders requiring clarification or interpretation of the Contract Documents shall make a written request to the *Chief Procurement Officer*, at purchasing@newtonma.gov or via facsimile (617) 796-1227. The City will only answer such requests if received **November 4, 2016 at 12:00 noon**.
- 2.3 Interpretation, correction, or change in the Contract Documents will be made by addendum which will become part of the Contract Documents. The City will not be held accountable for any oral communication.
- 2.4 Addenda will be emailed to every individual or firm on record as having taken a set of Contract Documents.
- 2.5 Copies of addenda will be made available for inspection at the location listed in the Invitation for Bids where Contract Documents are on file, in addition to being available online at www.newtonma.gov/bids.
- 2.6 Bidders contacting ANY CITY EMPLOYEE regarding an Invitation for Bid (IFB) outside of the Purchasing Department, once an IFB has been released, may be disqualified from the procurement process.
- 2.7 Bidders downloading information off the internet web site are solely responsible for obtaining any addenda prior to the bid opening. If the bidder makes itself known to the Purchasing Department, at purchasing@newtonma.gov or via facsimile (617) 796-1227, it shall be placed on the bidder's list. Bidders must provide the Purchasing Department with their company's name, street address, city, state, zip, phone, fax, email address and **INVITATION FOR BID #17-23**.

ARTICLE 3 – PRIVATE CONTRACT

The IFB is administered by the City of Newton and its Community Development Authority. However, the resulting contract will be between the Applicant and the contractor selected as the lowest responsive and responsible bidder. Even though funds are provided through the Authority, as the parties to the contract will be private persons, the contract shall not be deemed to be a public contract.

ARTICLE 4 - PREPARATION AND SUBMISSION OF BIDS

- 4.1 Bids shall be submitted on the "Bid Form #17-23," attached.
- 4.2 All entries on the Bid Form shall be made by typewriter or in ink.
- 4.3 Where so indicated on the Bid Form, sums shall be expressed in both words and figures. Where there is a discrepancy between the bid sum expressed in words and the bid sum expressed in figures, the words shall control.
- 4.4 The Bid shall be enclosed in a sealed envelope with the following plainly marked on the outside:
- * GENERAL BID FOR: **#17-23**
 - * NAME OF PROJECT: **68 Brooks Ave, Newton, MA – Lead Abatement & Rehabilitation**
 - * BIDDER'S NAME, BUSINESS ADDRESS, AND PHONE NUMBER
 - * BIDDER QUALIFICATIONS CERTIFICATE
 - * NEW CONTRACTOR APPLICATION (if applicable)
- 4.5 Date and time for receipt of bids is set forth in the IFB.
- 4.6 Timely delivery of a bid at the location designated shall be the full responsibility of the Bidder.
- 4.7 Bids shall be submitted with one **original** and one 2 **copies**.

ARTICLE 5 - ALTERNATES

- 5.1 Each Bidder shall acknowledge alternates (if any) in Section C on the Bid Form.
- 5.2 In the event an alternate does not involve a change in the amount of the base bid, the Bidder shall so indicated by writing "No Change", or "N/C" or "0" in the space provided for that alternate.
- 5.3 Bidders shall enter on the Bid Form a single amount for each alternate which shall consist of the amount for work performed by the Contractor.
- 5.4 The low Bidder will be determined on the basis of the sum of the base bid and the accepted alternates.

ARTICLE 6 - WITHDRAWAL OF BIDS

- 6.1 Any bid may be withdrawn prior to the time designated for receipt of bids on written or telegraphic request. Telegraphic withdrawal of bids must be confirmed over the Bidder's signature by written notice postmarked on or before the date and time set for receipt of bids.
- 6.2 Withdrawn bids may be resubmitted up to the time designated for the receipt of bids.
- 6.3 No bids may be withdrawn within sixty (60) days, Saturdays, Sundays and legal holidays excluded, after the opening of the bids.

ARTICLE 7 - CONTRACT AWARD

- 7.1 One (1) contract will be awarded to the responsive and responsible Qualified Contractor providing the lowest bid for the total of the Rehab and the Lead Abatement work. Bidders must include both scopes of work in their Grand Totals and cannot bid on only one Scope of Work. The City will, on behalf of the Applicant, select the responsive and responsible Bidder submitting the lowest Grand Total within sixty (60) days (Saturdays, Sundays, and legal holidays excluded) after the opening of bids.

- 7.2 The City reserves the right to waive any informalities in or to reject any or all Bids if it be in the public interest to do so. While it is the intent of the City that this procurement follow as closely as possible the requirements of M.G.L. c.30B, it is not required to do so and it may therefore waive any requirements of that statute or this IFB as it deems necessary or appropriate.
- 7.3 The City reserves the right to reject any bidder who has failed to pay any local taxes, fees, assessments, betterments, or any other municipal charge, unless the bidder has a pending abatement application or has entered into a payment agreement with the collector-treasurer.
- 7.4 As used herein, the term "lowest responsible and responsive Bidder" shall mean the Bidder (1) whose bid is the lowest of those bidders possessing the skill, ability and integrity necessary for the faithful performance of the work; (2) who has met all the requirements of the invitation for bids; and (3) who shall certify that he is able to furnish labor that can work in harmony with all other elements of labor employed or to be employed in the work.
- 7.5 As used herein, "Qualified Contractor" means a contractor which has been pre-qualified by the City's Rehab & Construction Coordinator. If a contractor wishes to submit a bid but is not pre-qualified, it can apply for qualification on or prior to the bid submission date. The Contractor Application for qualification and related materials are attached hereto as Exhibit C at p. 22 below.
- 7.6 Subsequent to identifying the lowest responsive and responsible bidder, and within five (5) days, Saturday, Sundays and legal holidays excluded, after the prescribed forms are presented for signature, the successful Bidder and the Applicant shall execute and deliver to the City a contract in such number of counterparts as the City may require.
- 7.7 In the event that the City receives low bids in identical amount from two or more responsive and responsible Bidders, the City shall select the successful Bidder by a blind selection process such as flipping a coin or drawing names from a hat. The low Bidders who are under consideration will be invited to attend and observe the selection process.

ARTICLE 8 - TAXES

- 8.1 Bidder shall include in this bid any tax imposed upon the sale or rental of tangible personal property in this Commonwealth, such as any and all building materials, supplies, services and equipment required to complete the work.
- 8.2 As the Applicant is a private person, there is no exemption from payment of the Massachusetts Sales Tax.

ARTICLE 9 – FEDERAL HOUSING ASSISTANCE REQUIREMENTS

Funds for the construction services procured hereby are provided through the federal programs designed to provide assistance to low and moderate income homeowners. Based on the amount of the contract, the Contractor will have to comply with one or more of the requirements of 24 CFR 135 of Section 3 of the Housing and Urban Development Act of 1968, 12 U.S.C. §17010.

END OF SECTION

CITY OF NEWTON
DEPARTMENT OF PURCHASING

BID FORM #17-23

- A. The undersigned proposes to furnish all labor, materials, tools, equipment, transportation and supervision required to perform all work in accordance with the Project Manual to the Applicant named therein entitled:

**Josephine Sho
68 Brooks Avenue
Newton, Massachusetts**

- B. This bid includes addenda number(s) _____, _____, _____, _____.

- C. The contract price(s) will be per attached Attachment A, Specs By Location/Trade.

Price for Specs By Location Trade (Rehab) \$ _____

Price for Specs By Location Trade (Lead) \$ _____

(GRAND TOTAL, Specs By Location/Trade (Rehab) + Specs By Location/Trade (Lead) must be placed here)

_____ and \$ _____
(Written word) (Numerical)

GRAND TOTAL (From execution of the contract through completion of the Project)

IMPORTANT: Award will be made to the lowest responsive and responsible bidder based on GRAND TOTAL.

COMPANY NAME _____

- D. Prompt Payment Discounts. Bidders are encouraged to offer discounts in exchange for an expedited payment. Payments may be issued earlier than the general goal of within 30 days of receipt of the invoice only when in exchange for discounted prices. Discounts will not be considered in determining the lowest responsible bidder.

Prompt Payment Discount _____ % _____ Days

Prompt Payment Discount _____ % _____ Days

Prompt Payment Discount _____ % _____ Days

- D. The undersigned has completed and submits herewith the following documents:

- ☐ Signed Bid Form, 2 pages
- ☐ Attachment A, Specs By Location/Trade, 2 forms, rehab = 9 pages and Lead = 7 pages, Lead report = 36 pages.
- ☐ Bidder's Qualifications and References Form, 2 pages
- ☐ Certificate of Non-Collusion, 1 page
- ☐ Certification of Tax Compliance, 1 page
- ☐ Bidder's Qualifications Certificate, 1 page
- ☐ New Contractor Application, 2 pages (if applicable)

- F.** The undersigned agrees that, if selected as general contractor, s/he will within five days (Saturdays, Sundays and legal holidays excluded) after presentation thereof by the City, execute a contract with the Applicant in accordance with the terms of this bid.

The undersigned hereby certifies that it will comply fully with all laws and regulations applicable to awards made subject to M.G.L. c.30B.

The undersigned further certifies under the penalties of perjury that this bid has been made and submitted in good faith and without collusion or fraud with any other person. As used in this section the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals. The undersigned further certifies under penalty of perjury that the said undersigned is not presently debarred from public contracting or subcontracting in the Commonwealth under the provisions of M.G.L. c.29, §29F or any other applicable debarment provisions of any other chapter of the General Laws or any rule or regulation promulgated thereunder.

Date _____

(Name of General Bidder)

BY: _____

(Printed Name and Title of Signatory)

(Business Address)

(City, State Zip)

_____/_____
(Telephone) (FAX)

(E-mail Address)

NOTE: If the bidder is a corporation, indicate state of incorporation under signature, and affix corporate seal; if a partnership, give full names and residential addresses of all partners; if an individual, give residential address if different from business address; and, if operating as a d/b/a give full legal identity. Attach additional pages as necessary.

END OF SECTION

CITY OF NEWTON

BIDDER'S QUALIFICATIONS AND REFERENCES FORM

All questions must be answered, and the data given must be clear and comprehensive. Please type or print legibly. If necessary, add additional sheet for starred items. This information will be utilized by the City for purposes of determining bidder responsiveness and responsibility with regard to the requirements and specifications of the Contract.

1. FIRM NAME: _____
2. WHEN ORGANIZED: _____
3. INCORPORATED? _____ YES _____ NO DATE AND STATE OF INCORPORATION: _____
4. IS YOUR BUSINESS A **MBE**? _____ YES _____ NO **WBE**? _____ YES _____ NO or **MWBE**? _____ YES _____ NO
- * 5. LIST ALL CONTRACTS CURRENTLY ON HAND, SHOWING CONTRACT AMOUNT AND ANTICIPATED DATE OF COMPLETION:

- * 6. HAVE YOU EVER FAILED TO COMPLETE A CONTRACT AWARDED TO YOU?
_____ YES _____ NO
IF YES, WHERE AND WHY?

- * 7. HAVE YOU EVER DEFAULTED ON A CONTRACT? _____ YES _____ NO
IF YES, PROVIDE DETAILS.

- * 8. LIST YOUR VEHICLES/EQUIPMENT AVAILABLE FOR THIS CONTRACT:

- * 9. IN THE SPACES FOLLOWING, PROVIDE INFORMATION REGARDING CONTRACTS COMPLETED BY YOUR FIRM SIMILAR IN NATURE TO THE PROJECT BEING BID. A MINIMUM OF FOUR (4) CONTRACTS SHALL BE LISTED. PUBLICLY BID CONTRACTS ARE PREFERRED, BUT NOT MANDATORY.

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____

DOLLAR AMOUNT: \$ _____ DATE COMPLETED: _____
PUBLICLY BID? _____ YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #: (____) _____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____
DOLLAR AMOUNT: \$ _____ DATE COMPLETED: _____
PUBLICLY BID? _____ YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #: (____) _____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____
DOLLAR AMOUNT: \$ _____ DATE COMPLETED: _____
PUBLICLY BID? _____ YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #: (____) _____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____
DOLLAR AMOUNT: \$ _____ DATE COMPLETED: _____
PUBLICLY BID? _____ YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #: (____) _____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

10. The undersigned certifies that the information contained herein is complete and accurate and hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the City in verification of the recitals comprising this statement of Bidder's qualifications and experience.

DATE: _____ BIDDER: _____

SIGNATURE: _____

PRINTED NAME: _____ TITLE: _____

END OF SECTION

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word “person” shall mean any natural person, business, partnership, corporation, union, committee club, or other organization, entity, or group or individuals.

(Signature of individual)

Name of Business

**CITY OF NEWTON, MASSACHUSETTS
PURCHASING DEPARTMENT**

GENERAL TERMS AND CONDITIONS

1. The right is reserved to reject any and all bids, to waive informalities, and to make award as may be determined to be in the best interest of the City or the Applicant.
2. Interpretation, correction, or change in the Contract Documents will be made by Addendum which will become part of the Contract Documents. Neither the City nor the Applicant will be held accountable for any oral representation that is inconsistent with the terms of the Contract Documents.
3. Addenda will be emailed to every individual or firm on record as having downloaded a set of Contract Documents. Addenda will also be posted on the City's website at: www.newtonma.gov/bids . Any bidder downloading the IFB and any plans for a City bid shall email their company's information along with the IFB Number and Project Title that they downloaded. You will then be added to the bidder's list and email distribution list.
4. Prices quoted must include inside delivery to the destination specified on the Purchase Order.
5. No charges will be allowed for packing, crating, freight, Express or cartage unless specifically stated and included in the bid.
6. The award to the successful bidder may be cancelled if successful bidder shall fail to prosecute the work with promptness and diligence.
7. Time in connection with discount offered will be computed from the date of delivery, as specified on purchase order, or from date correct invoice is received, if the latter date is later than the date of delivery.
8. The successful bidder shall replace, repair or make good, without cost to the City or the Applicant, any defects or faults arising within one (1) year after date of acceptance of articles furnished hereunder (acceptance not to be unreasonably delayed) resulting from imperfect or defective work done or materials furnished by the Contractor.
9. The Contractor shall indemnify and save harmless the City, the Applicant, and all persons acting for on behalf of either of them from all suits and claims against them, or any of them, arising from or occasioned by the use of any material, equipment or apparatus, or any part thereof, which infringes or is alleged to infringe on any patent rights. In case such material, equipment or apparatus, or any part thereof, in any such suit is held to constitute infringement, the Contractor, within a reasonable time, will at it's expense, and as the City or Applicant may elect, replace such material, equipment or apparatus with non-infringing material, equipment or apparatus, or remove the material, equipment or apparatus, and refund the sums paid therefor.
10. All bids shall be based on the quantities set forth on the attached bid sheets. These quantities shall be used as a basis for the comparison of the bid proposals. It is agreed that the quantities given in this bid are assumed solely as a basis for the comparison of the bids. While the quantities are based on best estimates of the work to be performed during the term of this Contract, the City and the Applicant do not expressly or by implication agree that the actual amount of work will even approximately correspond herewith, and the they reserve the right to increase or diminish the amount of any class or portion of the work as it may deem necessary, without change of price per unit of quantity.
11. The successful bidder shall comply with all applicable Federal State and Local laws and regulations.
12. Purchases may be exempt from Federal excise taxes and bid prices must exclude any such taxes. Tax exemption certificates will be furnished upon request.
13. If so stated in the IFB the successful bidder will be required to furnish a performance and/or a labor and material payment bond, in an amount, in a form and with a surety satisfactory to the City. The bidder shall be responsible for the cost of the bond(s).
14. If the IFB requires bid surety, this surety shall be in the form of a cash, bid bond, cashier's check, treasurer's check, or certified check on a responsible bank, payable to the City of Newton, and must be filed with the original bid in the Office of the Purchasing Agent. Failure to do so will lead to rejection of bid. The bid surety will be returned to the successful bidder within seven (7) days execution of awarded, and approval by the City of performance and/or payment bond(s). In case of default, the bid surety shall be forfeited to the City.

15. Verbal orders are not binding on the City or the Applicant and deliveries made or work done without formal Purchase Order or Contract are at the risk of the Contractor and may result in an unenforceable claim.
16. The Contractor shall agree to indemnify, defend and hold the City and Applicant harmless from any and all claims arising out of the performance of this contract.
17. "Or equal" – An item equal to that named or described in the specifications of the contract may be furnished by the Contractor and the naming of any commercial name, trademark or other identification shall not be construed to exclude any item or manufacturer not mentioned by name or as limiting competition but shall establish a standard of equality only. An item shall be considered equal to the item so named or described if (1) it is at least equal in quality, durability, appearance, strength and design; (2) it will perform at least equally the function imposed by the general design for the work being contracted for or the material being purchased; and (3) it conforms substantially, even with deviations, to the detailed requirements for the item in the specifications. The name and identification of all materials other than the one specifically named shall be submitted to the City in writing for approval, prior to purchase, use or fabrication of such items. Subject to the provisions of M.G.L., Ch. 30, Sec. 39M, approval shall be at the sole discretion of the City, shall be in writing to be effective, and the decision of the City shall be final. The City may require tests of all materials so submitted to establish quality standards at the Contractor's expense. All directions, specifications and recommendations by manufacturers for installation, handling, storing, adjustment and operation of their equipment shall be complied with; responsibility for proper performance shall continue to rest with the Contractor.

For the use of material other than the one specified, the Contractor shall assume the cost of and responsibility for satisfactorily accomplishing all changes in the work as shown. If no manufacturer is named, the Contractor shall submit the product he intends to use for approval of the Applicant.

Except as otherwise provided for by the provisions of M.G.L. c30, §39J, the Contractor shall not have any right of appeal from the decision of the Applicant rejecting any materials furnished if the Contractor fails to obtain the approval for substitution under this clause. If any substitution is more costly, the Contractor shall pay for such costs.

18. In the event that the City receives low bids in identical amount from two or more responsive and responsible Bidders, the City shall select the successful Bidder by a blind selection process such as flipping a coin or drawing names from a hat. The low Bidders who are under consideration will be invited to attend and observe the selection process.
19. Right To Know:
Any Contractor who receives an order or orders resulting from this invitation agrees to submit a Material Safety Data Sheet (MSDS) for each toxic or hazardous substance or mixture containing such substance, pursuant to M.G.L. c.111F, §§8, 9 and 10 and the regulations contained in 441 CMR §21.06 when deliveries are made. The Contractor agrees to deliver all containers properly labeled pursuant to M.G.L. c.111F, §7 and the regulations contained in 441 CMR §21.05. Failure to submit an MSDS and/or label on each container will place the Contractor in noncompliance with the purchase order. Failure to furnish MSDSs and/or labels on each container may result in civil or criminal penalties, including bid debarment and action to prevent the Contractor from selling said substances or mixtures containing said substances within the Commonwealth. All Contractors furnishing substances or mixtures subject to M.G.L. c.111F are cautioned to obtain and read the law and rules and regulations referred to above. Copies can be obtained from the State House Book Store, Secretary of State, State House, Room 117, Boston, MA 02133, (617-727-2834) for \$2.00 plus \$.65 postage.
20. Funds for the construction services procured hereby are provided through the federal programs designed to provide assistance to low and moderate income homeowners. Based on the amount of the contract, the Contractor will have to comply with one or more of the requirements of 24 CFR 135 of Section 3 of the Housing and Urban Development Act of 1968, 12 U.S.C. §17010.

FAILURE TO COMPLY WITH ALL APPLICABLE TERMS AND CONDITIONS COULD RESULT IN THE CANCELLATION OF YOUR CONTRACT

CONTRACT FORMS

The awarded bidder will be required to complete and submit documents substantially similar in form to the following.

These forms may need to be modified on account of changed circumstances, and are provided for informational purposes only.

NEWTON HOUSING REHABILITATION PROGRAM

OWNER CONTRACTOR AGREEMENT

THIS AGREEMENT made as of this ____ day of _____ by and between _____ (hereinafter the “**Contractor**”), and _____, (hereinafter the “**Owner**”), of _____.

WHEREAS, the Owner desires to engage the Contractor in rehabilitation work to _____ using financial assistance in the form of federal Community Development Block Grant funds provided by the Newton Community Development Authority, an organization duly constituted under Chapter 705 of the Acts of 1975, as amended acting by and through its Housing Program Manager and/or her designated staff but without personal liability to her or her staff (hereinafter the “**NCDA**”); and

WHEREAS, the Contractor has 60 days from the date the Housing Rehabilitation Construction Manager issues a Notice to Proceed or _____ to complete project funded work.

NOW, THEREFORE, the parties do mutually agree as follows:

1. Employment of Contractor.

The Owner hereby engages the Contractor to perform the services and supply the materials hereinafter set forth.

2. Scope of Services.

The Contractor shall perform all the services and furnish all the material necessary to make the improvements described in this Agreement for the aforesaid property.

3. Improvements.

The improvements to be made and/or constructed by the Contractor are set forth in **Exhibit A, Work Write Up dated** _____ attached hereto and specifically incorporated by reference herein.

4. Time for Performance.

The Contractor has ten (10) calendar days from the date the Notice to Proceed is issued to begin project work. All project work to be performed by the Contractor shall be completed in accordance with the approved **Work Write Up dated** _____, **Exhibit A**, attached hereto and specifically incorporated by reference herein, and provided to the Newton Housing Rehabilitation Program staff from the Contractor.

5. NCDA as Agent of the Owner; Notice to Proceed.

(a) The Contractor agrees and understands that the Owner has designated the NCDA and its staff as agent of the Owner in the administration of this Construction Agreement, including the issuance of any orders and changes, inspection of work, resolution of disputes, and processing of payment.

(b) The Contractor shall not commence work until receiving a written Notice to Proceed signed by the NCDA. The Notice to Proceed shall be issued not more than ten (10) days from the Contract Date of this Agreement.

6. Subcontractors.

The Contractor shall not be required to employ any Subcontractor against whom he has a reasonable objection. The Contractor agrees that he is fully responsible to the Owner for the acts and omissions of his Subcontractors and of persons either directly or indirectly employed by him. Nothing contained in the Agreement documents shall create any contractual rights or obligations between any Subcontractor and the Owner and/or the NCDA. The Contractor shall submit to the NCDA a complete list of Subcontractors, upon request.

7. Insurance and Indemnification.

The Contractor shall maintain such insurance as will protect him from claims under Workmen's Compensation Acts and other employee benefits acts, from claims for damages because of bodily injury, including death, and from claims for damages to property which may arise both out of and during operations under this Agreement, whether such operations be by himself or by any subcontractor or anyone directly or indirectly employed by either of them. General liability insurance protecting the Owner and the NCDA shall be written for not less than \$500,000 per occurrence for bodily injury to persons and not less than \$500,000 per occurrence for property damage. Certificates of insurance shall be filed with the NCDA prior to the commencement of work.

The Contractor shall defend, indemnify and hold harmless the Owner, the NCDA, and the City of Newton, and their respective officers and employees, from liability and claim for damages because of bodily injury, death, sickness, disease, property damage or loss and expense arising in whole or in part from any act or omission of the contractor, his sub contractor(s), or the employees, agents, or independent contractor(s) of either of them regardless of whether it is caused in part by any party indemnified hereunder from Contractor's operations under this Contract.

8. Changes.

All changes to this Agreement and Work Write Up shall be mutually agreed to in writing signed by the parties. Any changes not signed by all the parties to this Agreement shall be null and void.

9. Waiver of Liens.

The Contractor shall submit to the NCDA a waiver of all mechanics and material liens prior to final payment of the consideration set forth herein.

10. Compensation.

The Owner agrees to compensate the Contractor in the Compensation Amount of _____ for the services and the materials to be provided herein. **The City of Newton through the Newton Community Development Authority will provide a total of _____ to the Contractor for the satisfactory performance of work.**

11. Workmanship.

The work provided hereunder by the Contractor shall be executed as directed by the Work Write Up in the most sound, workmanlike and substantial manner; and all materials used in the construction, rehabilitation, renovating, remodeling, and improving shall be new unless otherwise expressly set forth in the specifications.

12. Defects after Completion.

The Contractor shall guarantee the work performed for a period of twelve (12) months from the date of final acceptance of all work required by the Agreement. Furthermore, the Contractor shall furnish the Owner, in care of the NCDA, with all manufacturers' and suppliers' written guarantees and warranties covering materials and equipment furnished under the Agreement. Any defects that appear within this twelve (12) month period and arise out of defective or improper materials or workmanship shall, upon direction of the Owner or NCDA, be corrected and made good by the Contractor at his expense.

13. Inspection of Work.

The NCDA shall at all times have access to the work. If the specifications, plans, instructions, laws, ordinances, or any public authority requires any work to be specifically inspected, tested or approved, the Contractor shall give the NCDA timely notice of its readiness for inspection and, if the inspection is by an authority other than the NCDA, the time fixed for such inspection. Inspections by the NCDA shall be promptly made. If any work should be covered up without approval or consent of the NCDA, it must, if required by the NCDA, be uncovered for examination at the Contractor's expense. If such work should be found not in accordance with this Agreement, including any incorporated plans and specifications, the Contractor shall pay costs of correcting the defective work; provided, however, if the Contractor can show that the defect was not caused by him or his subcontractors, then in that event, the Owner shall pay the cost of remedying such work.

14. Permits and Licenses.

All permits and licenses necessary for the completion and execution of the work shall be secured and paid for by the Contractor. If the Contractor observes that any drawings, plans and/or specifications are at variance with applicable laws, rules, ordinances, and/or regulations bearing on the conduct of the work, he shall promptly notify the NCDA in writing. Any necessary changes in project work shall be adjusted as provided for Section 8 of this Agreement. If the Contractor knowingly performs work contrary to such laws, ordinances, etc. and without notice to the NCDA, he shall bear all costs arising therefrom. All work shall be performed in conformance with applicable local codes and requirements whether or not covered by the specifications and drawings for the work.

15. Disputes.

All claims or disputes or matters in question between the Owner and Contractor arising out of, or relating to this Agreement or the breach thereof will be decided by arbitration in accordance with the Construction Industry Arbitration Rules of the American Arbitration Association then obtaining or other alternative forms of dispute resolution or mediation acceptable to both parties, unless the parties mutually agree otherwise

No demand for arbitration of any such claim, dispute or other matter may be made until the matter has been submitted, by either party, to the NCDA for the NCDA's recommendation for resolution, and either (a) the NCDA has rendered its written recommendation or (b) fifteen (15) business days have passed since the NCDA's receipt of such submission. If the NCDA renders such a written recommendation, even if rendered after arbitration proceedings have been initiated, such recommendation may be entered as evidence in the arbitration, but will not supersede the arbitration proceedings.

Notice of the demand for arbitration will be filed in writing with the American Arbitration Association and with the other party to the claim, dispute or other matter in question, provided however, that any such demand for arbitration of any such claim, dispute or other matter in question must be made within a reasonable time after the claim, dispute or other matter in question has arisen, and in no event shall any such demand be made after the date when institution of legal or equitable proceedings based on such claim, dispute or other matter in question would be barred by the applicable statute of limitation.

No arbitration arising out of or relating to this Agreement shall include, whether by consolidation, joinder or in any other manner, as a party the NCDA, the City of Newton or the agents, employees or officials of either.

The award rendered by the arbitrators will be final and judgment may be entered upon it in any court having jurisdiction thereof.

The arbitrators may assess costs of arbitration and/or attorney's fees in favor of either party at the discretion of the arbitrators in accordance with said rules of the American Arbitration Association.

16. Equal Employment Opportunity.

During the performance of this Agreement, the Contractor agrees as follows:

(a) The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, or national origin. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, creed, color, or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices that may be provided by the NCDA.

(b) The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, creed, color, or national origin.

(c) The Contractor will cause the foregoing provisions to be inserted in all subcontracts for any work covered by this Agreement so that such provisions will be binding upon each subcontractor provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.

17. Compliance with Federal Law.

The parties to this Agreement agree to comply with the provisions of federal law, SECTION 3 OF HOUSING AND URBAN DEVELOPMENT ACT OF 1968, attached hereto as Exhibit A, and specifically incorporated by reference.

18. Executive Order 11246.

If the sum to be charged for the work is more than \$10,000, the Contractor further agrees to comply with the provisions of EXECUTIVE ORDER 11246 OF SECRETARY OF LABOR: CONTRACTOR'S AGREEMENTS, attached hereto as Exhibit B, and specifically incorporated by reference.

19. Non-Liability of the NCDA.

The Contractor and Owner agree to hold the NCDA and the City of Newton harmless for any damages concerning the undertaking and execution of this Agreement.

20. Default.

In case of default by the Contractor, the Owner and the NCDA may procure the articles or services from other sources and hold the Contractor responsible for any excess cost occasioned thereby.

21. Termination.

In case the Contractor fails to furnish materials or execute work in accordance with the provisions of this Agreement or fails to proceed with or complete the work within the time limit specified in this Agreement or if the provisions of the Agreement are otherwise violated by the Contractor, then in any such case upon passage of ten (10) days after service of written notice, the violation shall cease or satisfactory arrangements shall be made for its correction; otherwise the Contractor, by written notice may be declared in default and his right to proceed under the Agreement terminated. In the event the Contractor is thus declared to be in default, the Owner, and the NCDA will proceed to have the work completed, shall apply to the cost of having the work completed any money due the Contractor under the Agreement, and the Contractor shall be responsible for any damages resulting to Owner by reason of said default.

22. Notice.

Notices to be given by the Owner or the NCDA to the Contractor shall be considered given for the purpose of this Agreement if mailed by regular mail to the Contractor's address. Notices to be given by the Owner or Contractor to the NCDA shall be considered given for the purpose of this Agreement if mailed by regular mail to the City of Newton, Planning and Development Department, 1000 Commonwealth Avenue, Newton, MA 02459. Notices to be given by the Contractor or the NCDA to the Owner shall be considered given for the purpose of this Agreement if mailed by regular mail _____

23. Assignment.

The Contractor shall not assign the Agreement without prior written consent of the Owner and the NCDA.

24. Contractor to Keep Premises Clean.

The Contractor shall keep the premises clean and orderly during the course of the work and shall remove all debris upon completion of the work. Materials and equipment that have been removed and replaced as part of the work shall belong to the Contractor.

25. Access to Utilities.

The Owner shall permit the Contractor to use at no cost existing utilities such as light, heat, power, and water necessary to the carrying out and completion of the work.

26. Cooperation.

The Owner shall cooperate with the Contractor to facilitate the performance of the work, including the removal and replacement of rugs, coverings, and furniture, as necessary.

27. Conflict of Interest.

No officer, employee or official of the City of Newton or of the NCDA shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or other business for profit, or association in which he or she is, directly or indirectly interested or has any personal or primary interest, direct or indirect.

SIGNATORIES

IN WITNESS WHEREOF the parties hereto have executed this Agreement in duplicate as of the date written above, in the City of Newton, Middlesex County, Massachusetts.

OWNER:

Witness

CONTRACTOR:

—
By:

Witness

EXHIBIT A

SECTION 3 OF HOUSING AND URBAN DEVELOPMENT ACT OF 1968

A. The improvements hereunder are funded by federal financial assistance from the U.S. Department of Housing and Urban Development. As such, the improvements are subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968 as amended, 12 U.S.C. 170. Section 3. The purpose of Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (section 3) is to ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing Federal, State and local laws and regulations, be directed to low- and very low-income persons, particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low- and very low- income persons. **For the purposes of this Agreement, a low- income household of one means a household whose income does not exceed \$33,050, a moderate-income household of one means a household whose income does not exceed \$47,150.**

B. The parties to this Agreement will comply with the provisions of the Act and the regulations issued pursuant thereto by the Secretary of Housing and Urban Development, and all applicable rules and orders of HUD. The parties agree that they are under no contractual or other obligation that would prevent compliance with these the Act.

C. The Contractor agrees to send to each labor organization or representative of workers with which he has a collective bargaining agreement or other contract a notice that notifies the organization or workers representative of the Act. The Contractor further agrees to post copies of the notice in conspicuous places available to employees and applicants for employment and training.

D. The Contractor shall ensure that references to the applicable sections of the Act are in every subcontract in connection with the project. The Contractor agrees to take appropriate action, including legal action, in the event the subcontractor is in violation of 24 CFR 135. The Contractor shall not subcontract with any subcontractor where there is notice or actual knowledge that the subcontractor is in violation of the Act.

E. Compliance with the provisions of Section 3, the regulations set forth in 24 CFR 135, and all applicable rules and orders of the Department issued thereunder prior to the execution of the contract shall be a condition of the Federal financial assistance provided to the project, binding upon the applicant or recipient for such assistance, his successors, and assigns. Failure to fulfill these requirements shall subject the applicant or recipient, his contractor and subcontractors, his successors, and assigns to those sanctions specified by the grant or loan agreement or contract through which Federal assistance is provided, and to such sanctions as are specified by 24 CFR 135.

EXHIBIT B

EXECUTIVE ORDER 11246 OF SECRETARY OF LABOR: CONTRACTOR'S AGREEMENTS

- A. The Contractor shall comply with all provisions of Executive Order 11246 of September 24, 1965, and the rules, regulations, and relevant orders of the Secretary of Labor. Section 202 of the provisions of Executive Order 11246 of Sept. 24, 1965, appear at 30 FR 12319, 12935, 3 CFR, 1964 - 1965 Comp., p. 339.
- B. In the event of the Contractor's noncompliance with the Executive Order, or with any related rules, regulations, or orders, this Agreement may be canceled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further Government contracts.
- C. All Government contracting agencies shall include in every Government contract hereafter entered into the following provisions:

During the performance of this contract, the contractor agrees as follows:

- (1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.
- (2) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or national origin.
- (3) The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under Section 202 of The provisions of Executive Order 11246 of Sept. 24, 1965, appear at 30 FR 12319, 12935, 3 CFR, 1964 - 1965 Comp., p. 339, unless otherwise noted.

EXHIBIT C

BIDDER QUALIFICATION CERTIFICATE 68 BROOKS AVE, NEWTON MA IFB #17-23

To: Newton Community Development Authority (Authority)

Reference is made to the above Invitation for Bid (IFB). This Certificate is required to be eligible for consideration under the IFB. Accordingly the undersigned hereby certifies that it has either (1) provided the following to the Authority which is currently in effect or (2) attached the following to this Certificate, which attachment are incorporated herein:

1. Copy of Unrestricted MA Construction Supervisor License.
2. Copy of MA Home Improvement Contractor Registration.
3. Copy of MA RRP Firm Certification.
4. Copies of RRP certification For Workers.
5. Copy of MA Deleader Contractor License.
6. Copies of MA Deleader Supervisors Licenses for all employees.
7. Copies of MA Deleader workers License for all employees.
8. At least 3 referrals for jobs over \$25,000.00
9. Corporate name as it appears on Secretary of State's William Francis Galvin website for all corporations and LLCs.
10. Business certificate for all DBAs. List name and title of all authorized signatories
11. Proof of insurance pertaining to General Liability and Property Damage, in amounts not less than set forth below:
Commercial General Liability - (Bodily Injury, including accidental death)
\$1,000,000 per occurrence and (Property Damage) \$1,000,000 per occurrence.
12. Proof of Workers Compensation insurance – MA Statutory Requirements.

The undersigned certified further that in the event that it is the successful bidder or quoter, it will provide a certificate(s) of insurance coverage of the types and amounts required. The City of Newton shall be named in such policies as additional insured on said coverage and shall be a certificate holder thereof. The undersigned agrees also to contact its insurance company (ies) so that they notify the certificate holders of any reduction or cancellation of the insurance at least thirty (30) days prior to the effective date of such reduction or cancellation.

The undersigned acknowledges that if it does not have a current Deleaders Contractors' license, it will not be able to bid or quote on the lead abatement portion of any projects.

_____(Name of Bidder)

By: _____

Date: _____

Questions to regarding completion of this Certificate:

Doug Desmarais 617-796-1148

Housing Rehabilitation/Construction Manager

1000 Commonwealth Ave., Newton, MA 02459

Email: ddesmarais@newtonma.gov

Fax: 617-796-1142 Attn: Doug Desmarais



Setti D. Warren
Mayor

City of Newton, Massachusetts
Department of Planning and Development
1000 Commonwealth Avenue Newton, Massachusetts 02459

Telephone
(617) 796-1120
Telefax
(617) 796-1142
TDD/TTY
(617) 796-1089
www.newtonma.gov

NEWTON HOUSING REHABILITATION PROGRAM
1000 Commonwealth Avenue
Newton, MA 02459
617-796-1148

CONTRACTOR APPLICATION
(General Contractor)

Name of Contractor: _____

Name of Business (If different): _____

Business Address: _____

Email address: _____

Home Address: _____

Home Phone: _____ Business: _____ Cell: _____

Email Address: _____

Number of years in business: _____

Federal ID or Social Security Number: _____

Types and Limit of Insurance:
(Please indicate carrier, limits and policy # (s))

Customer reference: (property owners for whom you have recently completed work for in excess of \$8,000.00).

Customer _____ Phone _____

Address _____

Type of Job _____

Customer _____ Phone _____

Address _____

Type of Job _____

Customer _____ Phone _____

Address _____

Type of Job _____

Have you ever been debarred or has your Contractor's License ever been revoked?

If yes, give details:

Have subcontractors, suppliers or customers sued any member (s) of the firm within the past three years?

If yes, give details:

I certify that all information in this statement, and all information furnished in support of this statement, is true and complete to the best of my knowledge and belief:

Signature

Date

Title

CERTIFICATE OF AUTHORITY - CORPORATE

1. I hereby certify that I am the Clerk/Secretary of _____
(insert full name of Corporation)
2. corporation, and that _____
(insert the name of officer who signed the **contract and bonds.**)
3. is the duly elected _____
(insert the title of the officer in line 2)
4. of said corporation, and that on _____
(insert a date that is ***ON OR BEFORE*** the date the officer signed the **contract and bonds.**)

at a duly authorized meeting of the Board of Directors of said corporation, at which all the directors were present or waived notice, it was voted that

5. _____ the _____
(insert **name** from line 2) (insert **title** from line 3)

of this corporation be and hereby is authorized to execute contracts and bonds in the name and on behalf of said corporation, and affix its Corporate Seal thereto, and such execution of any contract of obligation in this corporation's name and on its behalf, with or without the Corporate Seal, shall be valid and binding upon this corporation; and that the above vote has not been amended or rescinded and remains in full force and effect as of the date set forth below.

6. ATTEST: _____ *AFFIX CORPORATE
SEAL HERE*
(Signature of **Clerk or Secretary**)*
7. Name: _____
(Please print or type name in line 6)*
8. Date: _____
(insert a date that is ***ON OR AFTER*** the date the officer signed the **contract and bonds.**)

* The name and signature inserted in lines 6 & 7 must be that of the Clerk or Secretary of the corporation.

CERTIFICATION OF TAX COMPLIANCE

Pursuant to M.G.L. c.62C, §49A and requirements of the City, the undersigned acting on behalf of the Contractor certifies under the penalties of perjury that the Contractor is in compliance with all laws of the Commonwealth relating to taxes including payment of all local taxes, fees, assessments, betterments and any other local or municipal charges (unless the Contractor has a pending abatement application or has entered into a payment agreement with the entity to which such charges were owed), reporting of employees and contractors, and withholding and remitting child support.*

**Signature of Individual (Mandatory)

*** Contractor's Social Security Number
(Voluntary) or Federal Identification Number

Print Name: _____

Date: _____

OR

Company Name
(Corporation, Partnership, LLC, etc.)

By: _____
**Corporate Officer (Mandatory)

Print Name: _____

Date: _____

* The provision in this Certification relating to child support applies only when the Contractor is an individual.

** Approval of a contract or other agreement will not be granted until the City receives a signed copy of this Certification.

*** Your social security number may be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed, or extended.

NEWTON COMMUNITY DEVELOPMENT AUTHORITY

SCOPE OF SERVICES

GENERAL REHABILITATION & DELEADING CONSTRUCTION SERVICES

**RE: Josephine Sho
68 Brooks Avenue
Newton, Massachusetts**

1.0 Scope

- 1.1 Newton Community Development Authority, on behalf of the above-referenced applicant (Applicant) is accepting bids for construction services per the bid list attached. All bids must be submitted in the manner and form prescribed by the Specifications which control award of the contract. Bid award will be made to the lowest responsive and responsible bidder for all line items based on Grand Total. Any bidder not providing prices for all line items may be deemed non-responsive and therefore rejected.
- 1.2 Applicant intends to enter into a contract for services for construction services beginning upon contract execution and extending through project completion. These services are needed to for improvement to the above referenced Project.

2.0 Description and Quality

- 2.1 Wherever items are specified by trade name, manufacturer, or dealer's catalog number, or by any other reference, it shall be taken to mean the items as this described or any other item equal thereto in quality, finish, durability, compatibility, safety and serviceability for the purpose for which it is intended. If an alternate item is being proposed, the bidder shall so indicate by providing a full description of the proposed substitute as well as provide data sheets, catalog cuts, performance and test data, and any other information which will support or otherwise prove equality; such proof rests entirely with the bidder. When the bidder does not state the brand, it is understood that the offer is exactly as specified. Final decisions concerning the quality of items, other than those specifically designated, is to rest with the Applicant whose determination shall be final and conclusive. Vendors shall guarantee quality control of all goods at no additional cost to the Applicant. Samples shall be furnished free-of-charge upon request and may be retained for future comparisons. Samples and literature must be provided within three (3) days after the request.
- 2.2 The use of environmentally preferable products is encouraged, i.e., products or services that have a lesser or reduced effect on human health and the environment when compared with competing products or services that serve the same purpose. This comparison may consider raw materials acquisition, production, manufacturing, packaging, distribution, reuse, operation, maintenance or disposal of the product or service: 1) emphasis on multiple environmental considerations such as recycled content, energy and water efficiency, renewable resource use and toxicity considerations rather than any single environmental feature; 2) evaluation of environmental impacts throughout the life cycle of the product which includes impacts during the manufacture, use and disposal of the product; and 3) recognition of cost and performance remain critical factors in all purchasing decisions.
- 2.3 Material Safety Data Sheets must be forwarded to the Newton Community Development Authority within thirty (30) days after the bid award. All products must be properly labeled with the product name, manufacturer's name, address and emergency telephone number, ingredients, cautions, warnings, hazard rating and first aid.

3.0 Delivery of Services

- 3.1 Services shall be provided promptly from the time an order is placed via on-line, telephone or email. An exception is only allowed with pre-approval in writing by an authorized employee.
- 3.2 Services shall be provided during normal business hours, Monday through Friday.
- 3.3 The equipment used in the transportation and delivery of supplies procured shall be maintained in a sanitary condition at all times. The equipment shall be subject to unannounced inspections at any time. All vehicles must turn off their engines while services are being provided.

4.0 Payment

- 4.1 Invoices shall be billed to Planning and Development Attn: Doug Desmarais, Housing Rehab/Construction Manager, City of Newton 1000 Commonwealth Avenue, Newton, Massachusetts 02459, or via email ddesmarais@newtonma.gov.
- 4.2 Invoices must be in duplicate, by department, including the a) purchase order number, b) department name, c) item number, d) quantities, e) description, f) unit price and g) totals.

END OF SECTION

ATTACHMENT A

Attachment A consists of a lead report and two (2) sets of specifications, both of which are applicable to this project:

SPECS BY LOCATION TRADE (REHAB)

SPECS BY LOCATION TRADE (LEAD)

**Josephine Sho
68 Brooks Avenue
Newton, Massachusetts**

IFB #17-23

SPECS BY LOCATION/TRADE

9/28/2016

Pre-Bid Site Visit: 10/25/2016 10:00:00AM
 Bidding Open Date: 10/25/2016 10:30:00AM
 Bidding Close Date: 11/10/2016 11:30:00AM
 Initial: _____

Case Number: 52
 Project Manager: Doug Desmarais
 Phone: 617-796-1148

Address: 68 Brooks Ave. (REHAB)		Unit: Unit 01			
Location: 1 - General Requirements		Approx. Wall SF: 0		Ceiling/Floor SF: 0	
Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1 General Requirements					
5	OWNER'S FINISH SELECTIONS The owner shall select finish, colors, styles & types of materials from in stock options pertaining to specs. It is recommended that the contractor submit to the Construction Manager, a copy of the agreed upon colors, styles and types of materials prior to job start.	1.00	GR	n/a	n/a
24	MA REGULATIONS, MANUFACTURER'S SPECS AND MA CODE PREVAIL Contractor will adhere to MA regulations. All materials shall be installed in full accordance with the manufacturer's specifications for working conditions, surface preparation, methods, protection and testing. All work performed will be equal to or greater than the MA state building code requirements. These specs are intended to provide the basis for proper completion of the work suitable for the intended use of the owner. Anything not expressly set forth but is reasonably implied or necessary for proper performance of the project shall be included.	1.00	GR	n/a	n/a
31	CONSTRUCTION DEFINITIONS "Install" means to purchase, set up, test and warrant a new component. "Replace" means to remove and dispose of original material, purchase new "like" material, deliver, install, test and warrant. "Repair" means to return a building component to like new condition through replacement, adjustment and recoating of parts. "Reinstall" means to remove, clean, store and install a component.	1.00	GR	n/a	n/a
35	VERIFY QUANTITIES/MEASUREMENTS This Work Write Up (WWU) will serve as the quote/bid packet. When returning quotes/bids, all unit price and total price must be filled out in order to be considered a responsible quote/bid. Quotes/bids will be awarded by using the address grand total only. The contractor is responsible for mathematical accuracy. All other Quantities/Measurements stated in the attached Work Write Up for this address are in-house estimates for informational purposes only. All quantities/measurements (shall be verified by the contractor) at a mandatory site inspection prior to bid/quote submission. Claims by either the property owner or the contractor for a change in funds due to discrepancies in quantities/measurements in the attached Work Write Up will not be honored.	1.00	GR	n/a	n/a
40	ALL PERMITS REQUIRED The contractor shall apply for, pay for, and obtain all the necessary permits prior to the start of any job. Final payment will not be released until all required permits have been signed	1.00	GR	n/a	n/a

Page 1 of 9

Address: 68 Brooks Ave. (REHAB)		Unit: Unit 01	
Location:	1 - General Requirements	Approx. Wall SF: 0	Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	General Requirements				
	off on by the proper inspector.				
45	CONTRACTOR PRE-QUOTE/BID SITE VISIT The contractor must inspect the property on day, date, and time determined by quote/bid invite only. No quotes/bids will be accepted from absentee contractors. Submission of a quote/bid is presumptive evidence that the contractor has thoroughly examined the site and is conversant with the requirements of the local jurisdiction.	1.00	GR	n/a	n/a
77	NEW MATERIALS REQUIRED All materials used in connection with this Work Write Up (WWU) are to be new, of first quality and without defects - unless stated otherwise or pre-approved by Owner and Construction Manager.	1.00	GR	n/a	n/a
78	WORKMANSHIP STANDARDS All work shall be performed by mechanics both licensed and skilled in their particular trade as well as the tasks assigned to them. Workers shall protect all surfaces as long as required to eliminate damage and will be held responsible for any damage caused by them.	1.00	GR	n/a	n/a
120	FINAL CLEAN Remove from site all construction materials, tools and debris. Sweep clean all exterior work areas. Vacuum and mop all interior work areas, removing all visible dust, stains, labels and tags. Final payment will not be released until property is cleaned and passes visual clearance.	1.00	GR		

Location Total: _____

Location:	2 - Exterior	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 10	Carpentry				
3210	STORM DOOR--ALUMINUM Replace all storm doors with a aluminum combination storm and screen door with white baked enamel aluminum finish and top chain and closer. Match style to existing one, door to have a price allowance of \$400.00	5.00	EA		
3463	DECK--5/4" PTP Remove D side deteriorated deck and railing system. Construct 12"x 12" masonry piers, 2"x 8" joists with flooring to match existing style, and be able to support code approved wood railing. Structural lumber, decking and railing system shall be preservative treated lumber. Duplicate the depth of the original deck overhang, or a minimum of 1 1/2". Include all trim necessary to create a neat appearance where the deck adjoins other surfaces making sure to preserve all historic detail. Paint with two coats of self priming paint to match.	214.00	SF		
3550	PORCH LATTICE--REPLACE	198.00	SF		

Page 2 of 9

Address: 68 Brooks Ave. (REHAB)		Unit: Unit 01	
Location:	2 - Exterior	Approx. Wall SF: 0	Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
<hr/>					
Trade: 10	Carpentry				
	Dispose of any existing lattice around all porch crawl spaces. Frame opening with 1"x 4" preservative treated pine with vertical members 24" on center. Install 1/4"x 2" PT lattice on frame making sure to preserve all historic detail. Paint with two coats of self priming paint to match.				
3590	STEPS/LANDING--REPL EXTERIOR	116.00	SF		
	Dispose of all existing steps and landing. On the A, C and D sides, Construct a replacement unit with two 2"x 12" preservative treated stringers, 5/4" PT stepping stock treads, on a solid concrete footer. Frame all stair systems to match existing sizes. Construct a PT wood handrail on each side 34" above tread nosing. On the A side use fir for the treads and railing system making sure to preserve all historic detail. Paint with two coats of self priming paint to match.				
3885	MAILBOX	1.00	EA		
	On front porch , to the left side of door, install a basic steel, black enamel finish, letter-size mail box with magazine rack.				
<hr/>					
Trade: 15	Roofing				
4546	PORCH ROOF	1.00	EA		
	Use a proper sealant as Through the roof where the shingles meet the second floor porch.				
<hr/>					
Trade: 23	Electric				
8162	ENTRANCE LIGHT FIXTURE INSTALL--ENERGY STAR	2.00	EA		
	On both porches, install ENERGY STAR approved two lamp halogen, dusk to dawn light fixtures with motion activated higher light level function., such as a Heath Zenith - Twin 150 Watt Quartz - Item #: 182159 - Model: SL-5512-BZA. Set the delay on the motion detected brighter setting to 5 minutes. Include wire box, interior switch and lamp. Fish wire and repair all tear out.				

Location Total: _____

Location:	3 - Entire Interior	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 23 Electric					
7805	SMOKE/CO DETECTOR--BATTERY POWERED	13.00	EA		
	Install/replace a UL approved, ceiling mounted, battery powered smoke, fire, and CO detector with battery.				
	1. Top of front staircase.				
	2. Bottom of front staircase.				
	3. Top of rear staircase.				
	4. Bottom of rear staircase.				
	5. Basement.				
	6. Living room.				
	7. Kitchen hall.				

Page 3 of 9

Address: 68 Brooks Ave. (REHAB)	Unit: Unit 01
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Location: 3 - Entire Interior	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 23 Electric

- 8. All three bedrooms on second floor.
- 9. All three bedrooms on third floor.

Location Total: _____

Location: 4 - Basement	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 10 Carpentry

2540	STAIRCASE--REPLACE BASEMENT Dispose of entire bulkhead basement staircase and handrail. Construct new staircase using 2"x12" pine stringers and 5/4" pine stepping stock treads. Install wood handrails, each side, 32" above tread nosing. Stringers to rest on a 2"x12" preservative treated pine sill.	1.00	EA	_____	_____
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Location Total: _____

Location: 5 - Rear Staircase	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 10 Carpentry

2515	HANDRAIL BRACE Re enforce original handrail brackets.	1.00	EA	_____	_____
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Location Total: _____

Location: 6 - Kitchen	Approx. Wall SF: 480	Ceiling/Floor SF: 135
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 10 Carpentry

3716	CABINET - WOOD BASE-PLYWOOD Remove & dispose off site all existing cabinets, counters, ledgers, etc. Install base cabinets constructed of solid hardwood face-frames, doors and draw fronts with 1/2" plywood carcasses & floors. Drawer boxes shall be plywood, joined using metal or plastic corner bracing. Install "D" shaped pulls on all doors and drawers even when finger grooves exist. Owner will choose style & finish from those available in line proposed by contractor. Cabinets must comply with California 93120 (formaldehyde content) or all exposed edges must be sealed with a low-VOC sealant. Cabinets to be installed starting at the B wall near the B/C corner then along the C wall sloping at C2 window. Then another one after the C2 window. On A wall, install one between fridge and stove after pushing stove over to the right as far as possible.	16.00	LF	_____	_____
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Page 4 of 9

Address: 68 Brooks Ave. (REHAB)		Unit: Unit 01	
Location:	6 - Kitchen	Approx. Wall SF: 480	Ceiling/Floor SF: 135

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 10	Carpentry				

3726	CABINET - WOOD WALL-PLYWOOD Remove & dispose off site all existing upper cabinets leaving the original soffit in place. NOTE: Upper cabinets will be either: a) 42" installed to ceiling OR b) will be 36" trimmed with a stained oak crown, OR c) will be 36" with a trimmed drywall or plywood soffit. Install upper cabinets constructed of solid hardwood face-frames and doors with 1/2" plywood carcasses & floors. Carcasses will be joined using metal or plastic corner bracing. Install "D" shaped pulls on all doors and drawers even when finger grooves exist. Owner will choose style & finish from those available in line proposed by contractor. Cabinets must comply with California 93120 (formaldehyde content) or all exposed edges must be sealed with a low-VOC sealant. Cabinets to be installed starting at the B wall near the B/C corner then along the C wall stopping at C2 window. Then another one after the C2 window. On A wall, install one above the fridge, between fridge and stove after pushing stove over to the right as far as possible, and above the stove.	19.00	LF		
3747	REPLACE COUNTER TOP--PLASTIC LAMINATE Dispose of existing counter top. Field measure for sizing. Screw to all new base cabinets a square edged plastic laminate counter top. Provide end-caps and cutout for sink then install new sink to working order. Caulk countertop to adjoining walls with low VOC caulking to match wall color. Owner's choice of in-stock color and texture. All particleboard and MDF components must comply with California 93120 (formaldehyde content) or all exposed edges must be sealed with a low-VOC sealant.	16.00	LF		

Trade: 18	Ceramic Tile				
5416	TILE BACKER BOARD Install fiberglass reinforced cement composition boards such as Durock® or HardieBacker™ in area specified to accept ceramic tile. Use cement board fiberglass tape on all seams and one coat seams with tile cement. Space edges 1/4" from adjoining surfaces and fasten with minimum 1-1/4" long No. 8 x 0.375" corrosion-resistant screws designed specifically for backer board. Use product specified by manufacturer for particular application (such as walls or floors). Backer board must be installed on 3/4" plywood over joists 16" on center or the joist/subfloor assembly must meet the manufacturer's specifications.	160.00	SF		
5425	CERAMIC FLOOR TILE After adhering to spec #5416, using adhesive, lay owner's choice of \$5/sf ceramic floor tile. Include a 3" marble threshold at doors. After at least 24 hours drying time, apply Grout. Clean floor and apply mildew resistant white Low VOC color matched silicone caulk to all edge seams and pipe penetrations. Seal tile and grout per manufactures instructions.	160.00	SF		

Trade: 19	Paint & Wallpaper				
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Address: 68 Brooks Ave. (REHAB)		Unit: Unit 01			
Location: 6 - Kitchen		Approx. Wall SF: 480		Ceiling/Floor SF: 135	
Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 19 Paint & Wallpaper					
5567	PREP & PAINT ROOM NOTE: FOLLOW LEAD HAZARD CONTROL REQUIREMENTS: Using lead safe work practices remove & dispose of all loose material & dust prior to installation of new materials. All cracked or loose plaster is to be repaired with a bedding coat of Durabond & fiberglass mesh tape. If plaster & lath boards are loose, resecure or remove & replace with drywall patch. Sanding of any surfaces contacting or adjoining a lead-based painted surface shall be done with appropriate procedures such as using a HEPA filtered sanding vacuum or a wet sanding method. Prime as necessary to seal stains, raw plaster, etc. Paint ceiling, walls, doors, and all trim with two coats of self priming latex paint to cover completely & uniformly, cut-in neatly to trim & at all corners & edges. All paints and primers must meet the Green Seal G-11 Environmental Standard.	615.00	SF		
Trade: 22 Plumbing					
6835	SINK--DOUBLE BOWL COMPLETE Replace sink with min specs equal to 22 gauge 33" x 22" x 7" double bowl, stainless steel, self rimming kitchen sink including a steel, metal body faucet, rated at 2.0 GPM or less, with a 15 year drip-free warranty, trap, supply lines, full port ball type shut-off valves & escutcheon plates on all supply & drain lines. NOTE: All copper is to be soldered (no compression fittings) & all PVC fittings glued. Price allowance on faucet to be \$235.00. Price allowance on sink to be \$200.00.	1.00	EA		
Trade: 23 Electric					
7560	RECEPTACLE REPLACE Raise receptacle for base cabinet after the C2 window to code approved height with white duplex receptacle and white cover plate.	1.00	EA		
7583	REPLACE RECEPTACLE WITH GFCI DEVICE Replace existing receptacle to the right of the sink with a white ground fault circuit interrupt receptacle and white cover plate.	1.00	EA		
7690	INSTALL LIGHT SWITCH Install a single pole white switch and white cover plate to service the new light above the sink using NM cable to control fixture no more than 48" above floor height. Fish wire and repair all tear out.	1.00	EA		
7717	FIXTURE AND 3-WAY SWITCHES--ENERGY STAR 2 LAMP Remove old light fixture. Install an Energy Star approved ceiling light fixture with two bulbs such as the Efficient Lighting Model # EL-801-218-BN. Install a pair of white 3-way switches with white cover plates mounted at the strike side of the doors, or at top and bottom of stairwell no more than 48" above the floor. Fish wire and repair all tear out. Fixture to have a cost allowance of \$80.00	1.00	EA		
7751	ENERGY STAR KITCHEN CEILING FIXTURE	1.00	EA		

Address: 68 Brooks Ave. (REHAB)	Unit: Unit 01
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Location: 6 - Kitchen	Approx. Wall SF: 480	Ceiling/Floor SF: 135
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 23	Electric				
	Replace above sink ceiling light with a Energy Star approved, flush mounted ceiling light fixture such as the Efficient Lighting model EL-815-123-W with a cost allowance of \$80.00.				
7840	RANGE HOOD--RECIRCULATING	1.00	EA		
	Install a ENERGY STAR re circulating range hood with charcoal filter and washable grease filter, integral minimum 2 speed fan control and light switched separately capable of a minimum 150 CFM at a maximum of 7 sones. Owner's choice of color with a price allowance of \$300.00				

Location Total: _____

Location: 7 - Pantry	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 10	Carpentry				
4660	BOX IN DRAIN PIPE	1.00	EA		
	On A wall, box in drain pipe using clear 3/4" pine. Paint with two coats of self priming paint to match walls.				

Location Total: _____

Location: 8 - First Floor Bathroom	Approx. Wall SF: 360	Ceiling/Floor SF: 65
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 10	Carpentry				
4660	BOX IN DRAIN PIPE	1.00	EA		
	On A wall, box in drain pipe using clear 3/4" pine. Paint with two coats of self priming paint to match walls.				
Trade: 17	Drywall & Plaster				
5210	DRYWALL--PATCH	1.00	SF		
	Remove old bath fan then cut back defective gypsum to expose half of the studs on each side of the area to be repaired. Fill with insulation then cut and tightly fit drywall patch. Nail or screw patch. Apply tape and 3 coats of compound feathered out at least 8". Wet sand and make paint ready.				
Trade: 19	Paint & Wallpaper				
5567	PREP & PAINT ROOM	425.00	SF		
	NOTE: FOLLOW LEAD HAZARD CONTROL REQUIREMENTS: Using lead safe work practices remove & dispose of all loose material & dust prior to installation of new materials. All cracked or loose plaster is to be repaired with a bedding coat of Durabond & fiberglass mesh tape. If plaster &				

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Address: 68 Brooks Ave. (REHAB)		Unit: Unit 01	
Location:	8 - First Floor Bathroom	Approx. Wall SF: 360	Ceiling/Floor SF: 65

Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 19 Paint & Wallpaper

lath boards are loose, resecure or remove & replace with drywall patch. Sanding of any surfaces contacting or adjoining a lead-based painted surface shall be done with appropriate procedures such as using a HEPA filtered sanding vacuum or a wet sanding method. Prime as necessary to seal stains, raw plaster, etc. Paint ceiling, walls, doors, and all trim with two coats of self priming latex paint to cover completely & uniformly, cut-in neatly to trim & at all corners & edges. All paints and primers must meet the Green Seal G-11 Environmental Standard.

Trade: 23 Electric

7590	RECEPTACLE--GFCI BATH	1.00	EA		
Install a ground fault circuit interrupted, white, duplex receptacle and white cover plate next to sink, using copper non-metallic cable, controlled by a 20 amp circuit breaker. Fish wire and repair all tear out.					
7753	ENERGY STAR INTERIOR WALL FIXTURE	2.00	EA		
Replace both wall lights with an Energy Star approved wall light fixture such as the Progress Lighting Model # P2896-15EBWB with a cost allowance of \$80.00 each.					
7822	FAN/LIGHT FIXTURE	1.00	EA		
Remove existing ceiling fixture then install a Panasonic Whisper Green-Lite ceiling mounted ENERGY STAR qualified Fan/Light fixture with a modulating DC motor capable of 80 CFM operating at less than .3 Sones, with a night light, vented w/ damper to exterior. Switch both the fan and light using a single pole switch. Install 4" galvanized metal duct (not flex duct) and vent to the exterior ideally through a wall or gable end using a 4" hooded vent with damper. All duct seams and connections shall be sealed with duct mastic. Repair any damage to the ceiling installation and air seal fan/light assembly to the ceiling with low VOC caulk.					

Location Total: _____

Location:	9 - Second Floor Bathroom	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 23 Electric

7822	FAN/LIGHT FIXTURE	1.00	EA		
Replace ceiling fan with a Panasonic Whisper Green-Lite ceiling mounted ENERGY STAR qualified Fan/Light fixture with a modulating DC motor capable of 80 CFM operating at less than .3 Sones, with a night light, vented w/ damper to exterior. Switch both the fan and light using a single pole switch. Install 4" galvanized metal duct (not flex duct) and vent to the exterior ideally through a wall or gable end using a 4" hooded vent with damper. All duct seams and connections shall be sealed with duct mastic. Repair any damage to the ceiling installation and air seal fan/light assembly to the ceiling with low VOC caulk.					

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Address: 68 Brooks Ave. (REHAB) Unit: Unit 01

Location: 9 - Second Floor Bathroom Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 23	Electric				

Location Total: _____

Location: 10 - Third Floor Bathroom Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 23	Electric				

7822	FAN/LIGHT FIXTURE Replace ceiling fan with a Panasonic Whisper Green-Lite ceiling mounted ENERGY STAR qualified Fan/Light fixture with a modulating DC motor capable of 80 CFM operating at less than .3 Sones, with a night light, vented w/ damper to exterior. Switch both the fan and light using a single pole switch. Install 4" galvanized metal duct (not flex duct) and vent to the exterior ideally through a wall or gable end using a 4" hooded vent with damper. All duct seams and connections shall be sealed with duct mastic. Repair any damage to the ceiling installation and air seal fan/light assembly to the ceiling with low VOC caulk.	1.00	EA	_____	_____
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Location Total: _____

Location: 11 - Second Floor Left Front Bedroom Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 10	Carpentry				

9110	FLOOR REGISTER Replace broken floor register with like product.	1.00	RM	_____	_____
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Trade: 23	Electric				
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7753	ENERGY STAR INTERIOR WALL FIXTURE Replace closet pull chain wall light with an Energy Star approved wall light fixture. with a cost allowance of \$80.00.	1.00	EA	_____	_____
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Location Total: _____

Unit Total for 68 Brooks Ave. (REHAB) , Unit Unit 01: _____

Address Grand Total for 68 Brooks Ave. (REHAB) : _____

Bidder: _____

SPECS BY LOCATION/TRADE

9/28/2016

Pre-Bid Site Visit: 10/25/2016 10:00:00AM Case Number: 53
 Bidding Open Date: 10/25/2016 10:30:00AM Project Manager: Doug Desmarais
 Bidding Close Date: 11/10/2016 11:30:00AM Phone: 617-796-1148
 Initial: _____

Address: 68 Brooks St. (LEAD)		Unit: Unit 01			
Location: 1 - General Requirements		Approx. Wall SF: 0		Ceiling/Floor SF: 0	
Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	General Requirements				
5	OWNER'S FINISH SELECTIONS The owner shall select finish, colors, styles & types of materials from in stock options pertaining to specs. It is recommended that the contractor submit to the Construction Manager, a copy of the agreed upon colors, styles and types of materials prior to job start.	1.00	GR	n/a	n/a
9	ENVIRONMENTAL REHAB 1. Use this work write up (WWU) in conjunction with the lead report. 2. This spec DOES include interior painting, (fill nail holes, caulking, sand all joint compound, etc...) 3. Exterior to be painted with 2 coats of self priming paint, color to match as close as possible to existing paint. 4. All rotted wood to be replaced prior to painting. 5. All interior surfaces being scraped will be to the full height of component. 6. All trim being replaced will be with same style and profile.	1.00	GR	n/a	n/a
24	MA REGULATIONS, MANUFACTURER'S SPECS AND MA CODE PREVAIL Contractor will adhere to MA regulations. All materials shall be installed in full accordance with the manufacturer's specifications for working conditions, surface preparation, methods, protection and testing. All work performed will be equal to or greater than the MA state building code requirements. These specs are intended to provide the basis for proper completion of the work suitable for the intended use of the owner. Anything not expressly set forth but is reasonably implied or necessary for proper performance of the project shall be included.	1.00	GR	n/a	n/a
31	CONSTRUCTION DEFINITIONS "Install" means to purchase, set up, test and warrant a new component. "Replace" means to remove and dispose of original material, purchase new "like" material, deliver, install, test and warrant. "Repair" means to return a building component to like new condition through replacement, adjustment and recoating of parts. "Reinstall" means to remove, clean, store and install a component. The following pertain to Deleading specs. SCR = scrape, MI = make intact, OSC = outside corner, AB5' = above five feet, REP = replace, REM = remove, COV = cover, ENC = encapsulate, DR = door, WIN = window, CAB = cabinet	1.00	GR	n/a	n/a

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Address: 68 Brooks St. (LEAD)		Unit: Unit 01			
Location:	1 - General Requirements	Approx. Wall SF: 0		Ceiling/Floor SF: 0	
Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1 General Requirements					
35	VERIFY QUANTITIES/MEASUREMENTS This Work Write Up (WWU) will serve as the quote/bid packet. When returning quotes/bids, all unit price and total price must be filled out in order to be considered a responsible quote/bid. Quotes/bids will be awarded by using the address grand total only. The contractor is responsible for mathematical accuracy. All other Quantities/Measurements stated in the attached Work Write Up for this address are in-house estimates for informational purposes only. All quantities/measurements (shall be verified by the contractor) at a mandatory site inspection prior to bid/quote submission. Claims by either the property owner or the contractor for a change in funds due to discrepancies in quantities/measurements in the attached Work Write Up will not be honored.	1.00	GR	n/a	n/a
40	ALL PERMITS REQUIRED The contractor shall apply for, pay for, and obtain all the necessary permits including 10 day Deleading notices prior to the start of any job. Final payment will not be released until all required permits have been signed off on by the proper inspector.	1.00	GR	n/a	n/a
45	CONTRACTOR PRE-QUOTE/BID SITE VISIT The contractor must inspect the property on day, date, and time determined by quote/bid invite only. No quotes/bids will be accepted from absentee contractors. Submission of a quote/bid is presumptive evidence that the contractor has thoroughly examined the site and is conversant with the requirements of the local jurisdiction.	1.00	GR	n/a	n/a
77	NEW MATERIALS REQUIRED All materials used in connection with this Work Write Up (WWU) are to be new, of first quality and without defects - unless stated otherwise or pre-approved by Owner and Construction Manager.	1.00	GR	n/a	n/a
78	WORKMANSHIP STANDARDS All work shall be performed by mechanics both licensed and skilled in their particular trade as well as the tasks assigned to them. Workers shall protect all surfaces as long as required to eliminate damage and will be held responsible for any damage caused by them.	1.00	GR	n/a	n/a
120	FINAL CLEAN Remove from site all construction materials, tools and debris. Sweep clean all exterior work areas. Vacuum and mop all interior work areas, removing all visible dust, stains, labels and tags. Final payment will not be released until property is cleaned and passes visual plus dust wipes clearance and a letter of Full Deleading Compliance is issued.	1.00	GR		
Trade: 9 Environmental Rehab					
9009	OWNER'S RESPONSIBILITIES The owner shall provide: 1. The unit empty of any persons during the Deleading process.	1.00	DU	n/a	n/a

Address: 68 Brooks St. (LEAD)		Unit: Unit 01	
Location:	1 - General Requirements	Approx. Wall SF: 0	Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9 Environmental Rehab					
	2. Utilities, Hot water, and sanitary facilities. 3. All packing of breakable and valuable items; and moving of any furniture required by Deleading contractors. 4. Full Access to all areas to be Deleading.				
9103	SECURE SITE After the relocation of the occupants, the contractor shall assume responsibility for securing the site against theft, vandalism, fire and other dangers.	1.00	DU	n/a	n/a

Location Total: _____

Location:	2 - 1st Floor A Porch	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9 Environmental Rehab					
9576	DOOR JAMB--SCR C1: After establishing any required ground containment with polyethylene sheeting, scrape door jamb to header. Paint with two coats of self priming paint.	1.00	EA	_____	_____
9684	SUPPORT COLUMN--REP After establishing any required ground containment with polyethylene sheeting, support porch roof, remove lead painted post. Install matching wood post on a 2"x 8"x 8" preservative treated pine plinth block. Paint to match.	4.00	EA	_____	_____
9695	PORCH CEILING--MI After establishing any required ground containment with polyethylene sheeting, mist defective paint with water to the point of saturation. Wet scrape to compliance, allow to dry and HEPA vacuum any visible paint chips, dust and debris. Paint floor with two coats of self priming paint. Include upper trim.	108.00	SF	_____	_____

Trade: 10 Carpentry					
3560	PORCH--REBUILD Remove deteriorated porch. Construct 12"x 12" masonry piers, 2"x 8" joists with flooring to match existing style, and be able to support code approved wood railing, and roof. Structural lumber shall be preservative treated lumber. Decking, rails, and balusters to be fir making sure to preserve all historic detail. Paint with two coats of self priming paint to match.	108.00	SF	_____	_____

Location Total: _____

Location:	3 - 2nd Floor A Porch	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9 Environmental Rehab					
9522	DOOR SLAB--SCR	1.00	EA	_____	_____

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Address: 68 Brooks St. (LEAD)		Unit: Unit 01	
Location:	3 - 2nd Floor A Porch	Approx. Wall SF: 0	Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9 Environmental Rehab					
9537	THRESHOLD--SCR C1: After establishing any required floor/ground containment with polyethylene sheeting, mist defective paint with water to the point of saturation. Using sharpened, flat scrapers, Remove paint from door to bring into compliance by continuously misted wet scraping. Minimize dust generation by covering scraper head with moistened cloth. paint door with two coats self priming paint.	1.00	EA		
9576	DOOR JAMB--SCR C1: After establishing any required ground containment with polyethylene sheeting, scrape door jamb to header. Paint with two coats of self priming paint.	1.00	EA		
9684	SUPPORT COLUMN--REP After establishing any required ground containment with polyethylene sheeting, support porch roof, remove lead painted post. Replace damaged decking with matching flooring. Install a matching wood post on a 2"x 8"x 8" preservative treated pine plinth block. Paint or stain to match.	2.00	EA		
9695	PORCH CEILING & CORBEL--MI/SCR After establishing any required ground containment with polyethylene sheeting, mist defective paint with water to the point of saturation. Wet scrape to compliance, allow to dry and HEPA vacuum any visible paint chips, dust and debris. Paint floor with two coats of self priming paint.	108.00	SF		
9698	RAILING SYSTEM--REP After establishing any required ground containment with polyethylene sheeting, wet mist, remove, package in polyethylene sheeting and dispose of deteriorated lead-painted railing and balusters. Install new railing system making sure to preserve all the historic detail. Paint with two coats of self priming paint to match.	15.00	LF		

Location Total: _____

Location:	4 - 1st Floor D Porch	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9 Environmental Rehab					
9522	DOOR SLAB--SCR A1, B1: After establishing any required floor/ground containment with polyethylene sheeting, mist defective paint with water to the point of saturation. Using sharpened, flat scrapers, Remove paint from door to bring into compliance by continuously misted	2.00	EA		

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Address: 68 Brooks St. (LEAD)	Unit: Unit 01
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Location: 4 - 1st Floor D Porch	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				
	wet scraping. Minimize dust generation by covering scraper head with moistened cloth. paint door with two coats self priming paint.				
9576	DOOR JAMB--SCR A1, B1: After establishing any required ground containment with polyethylene sheeting, scrape door jamb to header. Paint with two coats of self priming paint.	2.00	EA		

Location Total: _____

Location: 5 - Exterior	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				
9437	WINDOW SASH--COVER WITH PLEXI A2: Cover window with plex glass, seal all sides with clear silicone.	1.00	EA		
9658	WINDOW TRIM--COIL Entire house including basement windows: After establishing any required ground containment with polyethylene sheeting, mark "Lead Paint" every 10 linear feet. Remove storm windows then enclose trim with .027 white aluminum formed on a machine brake with tight lap joints, folded hem edges and accurately fitted connections. Back caulk all seams with 25 year siliconized acrylic and flash head joints to create an weathertight seal. HEPA vacuum all paint chips, dust and debris.	30.00	EA		

Location Total: _____

Location: 6 - Shed	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				
9547	UPPER TRIM--MI After establishing any required ground containment with polyethylene sheeting, wet mist defective paint area with water to the point of saturation. Lightly scrape all loose paint. Feather edges with a wet, 100-grit sponge sanding block saturated with deglossing agent. Wash with detergent solution, rinse, allow to dry and HEPA vacuum any paint chips, dust and debris. Spot prime and top coat with premium acrylic latex paint.	48.00	LF		

Location Total: _____

Location: 7 - Room 3	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Address: 68 Brooks St. (LEAD)	Unit: Unit 01
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Location: 7 - Room 3	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				
9496	DOOR JAMB--SCR B1, B1 closet: After establishing any required floor containment with polyethylene sheeting, mist defective paint with water to the point of saturation. Using sharpened, flat scrapers, Remove paint to full height of strike side rail and jamb using continuously misted wet scraping. Minimize dust generation by covering scraper head with moistened cloth.	2.00	EA		
9504	DOOR SLAB-- SCR B1, B1 closet: After establishing any required floor containment with polyethylene sheeting, mist defective paint with water to the point of saturation. Using sharpened, flat scrapers, Remove paint from door to bring into compliance by continuously misted wet scraping. Minimize dust generation by covering scraper head with moistened cloth.	2.00	EA		
9572	DOOR CASING--SCR B1 Closet: After establishing any required floor containment with polyethylene sheeting, wet mist defective paint area with water to the point of saturation. Using sharpened, flat and curved scrapers remove all paint up to the header by continuously wet misting and covering scraper head with a moistened cloth to minimize dust.	1.00	EA		
9595	SHELF--REP After establishing any required floor containment with polyethylene sheeting replace shelf and supports with pine stock to match original.	1.00	EA		

Location Total: _____

Location: 8 - Bathroom 2	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				
9504	DOOR SLAB-- SCR A1, D1: After establishing any required floor containment with polyethylene sheeting, mist defective paint with water to the point of saturation. Using sharpened, flat scrapers, Remove paint from door to bring into compliance by continuously misted wet scraping. Minimize dust generation by covering scraper head with moistened cloth.	2.00	EA		
9572	DOOR CASING--SCR A1, C1: After establishing any required floor containment with polyethylene sheeting, wet mist defective paint area with water to the point of saturation. Using sharpened, flat and curved scrapers remove all paint up to the header by continuously wet misting and covering scraper head with a moistened cloth to minimize dust.	2.00	EA		

Location Total: _____

Page 6 of 7

Address: 68 Brooks St. (LEAD)	Unit: Unit 01
-------------------------------	---------------

Location: 9 - Hallway 3	Approx. Wall SF: 0	Ceiling/Floor SF: 0
-------------------------	--------------------	---------------------

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				
9535	THRESHOLD--SCR A1: After establishing any required floor containment with polyethylene sheeting, mist defective paint with water to the point of saturation. Using sharpened, flat scrapers, Remove paint from threshold to bring into compliance by continuously misted wet scraping. Minimize dust generation by covering scraper head with moistened cloth.	1.00	EA		

Location Total: _____

Location: 10 - Staircase 1	Approx. Wall SF: 0	Ceiling/Floor SF: 0
----------------------------	--------------------	---------------------

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				
9527	WINDOW--DIP B1: After establishing any required floor/ground containment with polyethylene sheeting, remove, wrap in polyethylene and Send both sashes out to be professionally dipped. Reinstall sashes with original hardware to properly working order.	1.00	EA		
9571	WINDOW FRAME--SCR B1 exterior sill, parting bead, blind stps: After establishing any required ground containment with polyethylene sheeting, wet mist defective paint area with water to the point of saturation. Using sharpened, flat and curved scrapers remove all paint from AM/MI areas then lightly scrape remaining loose paint. continuously wet mist and cover scraper head with a moistened cloth to minimize dust.	1.00	EA		

Location Total: _____

Unit Total for 68 Brooks St. (LEAD) , Unit Unit 01: _____

Address Grand Total for 68 Brooks St. (LEAD) : _____

Bidder: _____

Lead Inspection / Risk Assessment Report

Page 1 of 36

Caulfield Environmental
243 Legate Hill Road
Leominster, MA 01453
(978)534-4870 Office
(978)534-4570 Fax
(508)581-1281 Cell
cauf@comcast.net

St.# 68 Street Name Brooks Street Type Ave Unit
City Newtonville Zip Code 02460-1508

Owners Name: Josephine Sho
Owner Address: 68 Brooks Ave
Contact Information: Newtonville, MA 02460
Client Name (if different from owner):
Client Address: 917-309-7898

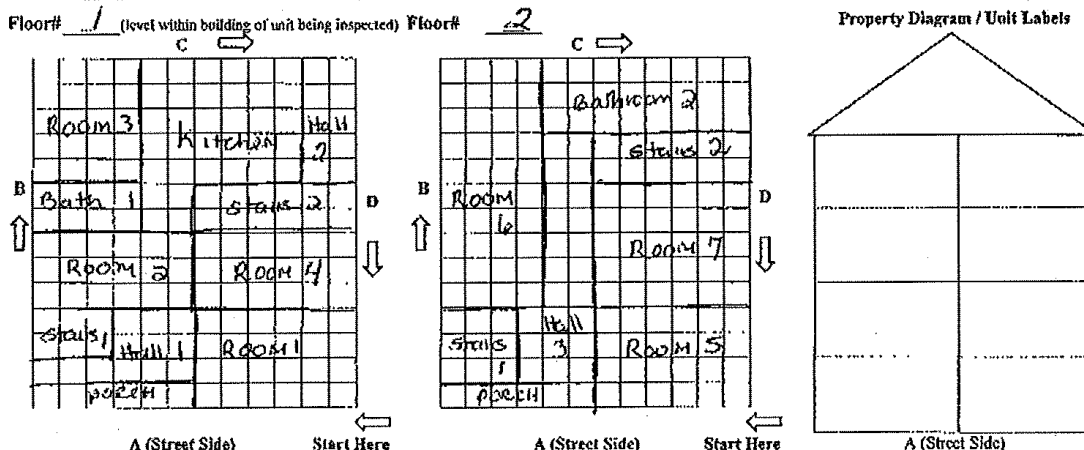
Number of Rooms in Unit 14
Property Type:
☒ Single Family
☐ Multi Family # of Units
☐ Condominium # of Units
☐ Day Care ☐ Other

Key	Lead Column	Key	Defect/IC Method Column	Key	Defect/IC Method Column
COV	Covered	CAP	Capped	SCR	Scraped
VB	Vinyl Baseboard	COV	Covered	DIP	Dipped
MEI	Metal	ENC	Encapsulated	REM	Removed
VR	Vinyl Rep. Window	MI	Made Intact	RHP	Replaced
MR	Metal Rep. Window	PRE	Prepared for Enc.	REV	Reversed
NA	Not Accessible	VR/MR	Vinyl/Metal Rep Window	INT	Intact
NC	No Coating	SFR	Storm Frame Removed		
Tile	Tile (testing suggested)		<input checked="" type="checkbox"/> Component Does Not Exist		
DC	Dropped Ceiling				

Laundry in Basement? ☐ Yes ☒ No
Finished Space in Basement ☐ Yes ☒ No

Testing Method Used
Nas Expiration Date: 1/1/16
X-Ray Fluorescence
Model: RMD LPAI Serial # 1923

Comments / Notes: Submitted for Compliance Evaluation ☐ shojjo@gmail.com



Pb (lead) equal to or greater than 1.0 m/cm² with x-ray fluorescence or positive with Nas is Dangerous.
XRF Calibration Recorded In Log Book
Address verified through USPS
Research on Lead Related History for Address
www.epa.gov/lead/lead-history-of-800-541-9311

- ☒ - Check off when complete
- ☒ - Check off when complete
- ☒ - Check off when complete

Christine Caulfield M-1950 Christine Caulfield 05/09/16
Inspector's Name License # Signature Date
LURA revised 09/14

ADDRESS 68 Brooks Ave Unit # --- City Newtonville Page 2 of 36

Extra diagram boxes may be used when there are more than 2 floors in a property (single family home) or unit. Extra diagram boxes may also be used for larger properties where more space is needed than will fit in the standard diagram boxes on the cover page. **Do not** use this page as a replacement or in lieu of the floor diagram boxes on the cover page of the inspection report. **Do not** use architectural/schematic diagrams in place of the floor diagram required by policy and procedures.

Floor# (this is the level within building of unit being inspected) → C

Floor# 3 → C

Floor# → C

Floor# → C

Inspector Name Christine Caulfield Lic # M1980 Signature Christine Caulfield Date 05/05/16

INSPECTION HISTORY

Inspector Name: _____ Lic# _____
Signature _____

Inspector Name Christine Cawfield, Lic# M143
Signature Christine Cawfield

Inspector Name: _____ Lic# _____
Signature _____

Inspector Name: _____ Lic# _____

Signature _____

Inspector Name: _____, Lic# _____

Inspector Name: _____, Lic# _____

Inspector Name: _____, Lic# _____

Inspector Name: _____, Lic# _____Inspector Name: _____ Lic# _____Inspector Name: _____ Lic# _____Inspector Name: _____ Lic# _____Inspector Name: _____ Lic# _____Inspector Name: _____, Lic# _____[illegible]

Risk Assessment

Y R.A. Name: _____, Lică _____
N Signature: _____

P
 F

R.A. Name: _____ Lic# _____
 Signature _____

P
F

R.A. Name: _____ Lic# _____
Signature _____

P
 F

Date 11/11/12 _____
 Signature _____

R.A. Name: _____, Lic# _____

P
F

 Signature: _____

P	R.A. Name: _____ Lic# _____
F	Signature _____

Y R.A. Name: _____, Lic# _____
N Signature _____

☐ P R.A. Name: _____ Lic# _____
☐ F Signature _____

PCAD

Inspector Name: _____, Date: _____

Signature: _____

Inspector Name: _____ Lic# _____
Signature _____

Inspector Name: _____, Lic# _____
Signature _____

Inspector Name: _____, Lic# _____

1991, Springer-Verlag, New York, 1991, 1992

ADDRESS: 68 Brooks Ave. Newtonville, MA
REOCCUPANCY CERTIFICATE HISTORY

Page 4 of 36

Certificate of Reoccupancy				
Only after High/Med Risk (# rooms rule)				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Reoccupancy				
Only after High/Med Risk (# rooms rule)				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Reoccupancy				
Only after High/Med Risk (# rooms rule)				

Inspector Name: _____, Lic# _____

Signature _____

COMPLIANCE HISTORY

Letter of Full Initial Compliance				
No prior history/No signs of DD				

Inspector Name: _____, Lic# _____

Signature _____

Letter of Interim Control				
No prior Comp. Expires in 1 yr				

Inspector Name: _____, Lic# _____

Signature _____

Recertification of Interim Control				
Expires 2 yrs from original Interim Control				

Inspector Name: _____, Lic# _____

Signature _____

Letter of Full Deleading Compliance				
Dust wipes if No Reocc.				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Maintained Compliance				
No Work - No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____

Signature _____

COMPLIANCE HISTORY (CONT.)

Certificate of Maintained Compliance				
No Work - No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Maintained Compliance				
No Work - No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____

Signature _____

OTHER HISTORY: WAIVERS/UD

Approved CLPPP Waiver				
Attach to Comp Docs				

Inspector Name: _____, Lic# _____

Signature _____

Approved CLPPP Waiver				
Attach to Comp Docs				

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Visual Reinspection				
No LOC Issued				

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Dust Taken				
No LOC Issued				

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Dust Taken				
No LOC Issued				

Inspector Name: _____, Lic# _____

Signature _____

EXPLANATION OF LEAD INSPECTION / RISK ASSESSMENT REPORT FORM COLUMNS

This page provides general information needed to understand the lead inspection/risk assessment report. However, you should speak with the inspector/risk assessor before you start to do any work on your home.

SIDE	Refers to A, B, C, or D side of the building or room. See the diagram on the cover sheet. The "A" side of the building or room is the side facing the street that gives the property its address (usually, it is the front of the building). Keeping your back to this street, from the "A" side move clockwise to the "B" side on your left, the "C" side opposite you, and the "D" side to the right. Numbering is from left to right.
LOCATION/ SURFACE	Refers to the building component(s) being tested. Some surfaces may be made up of more than one part. For example, "Baseboard" may refer to four separate pieces of wood (one on each wall), but is still considered one surface.
LEAD	<p>The actual lead result. Each surface tested must have a result recorded in the "Lead" column.</p> <ul style="list-style-type: none"> A number shows that the surface was tested with an XRF analyzer. A number (or average number) equal to or greater than 1.0 mg/cm² is a dangerous level of lead. A "pos" or "neg" shows that the surface was tested with sodium sulfide. "Pos" means that there is a dangerous level of lead. "N/A" means that the inspector was not able to test the surface. Unless the owner can get a sample to test, the inspector must assume the surface contains lead and require it to be deleaded, if necessary. "MET" or "MR" means that a metal surface was not tested and only needs to be intact, even if it is a leaded surface. However, metal handrails, metal window sills, and metal railing caps, need to be deleaded if they test equal to or greater than 1.0 mg/cm², or is marked "N/A." For key to abbreviations like "COV", "VB", "VR" or "MR", "NC", "Tile", "DC", see the cover page. When a component box is slashed and there are test results above and below the diagonal line, the result on the "bottom" represents results below 5 ft. and the "top" result indicates the test result above 5 ft.
TYPE OF HAZARD	<p>Not all lead paint must be deleaded. This column tells you IF and WHY a surface needs deleading. The deleading standards below may not apply for Interim Controls. Speak to your risk assessor for more information.</p> <ul style="list-style-type: none"> "M/I" circled means that the surface is a moveable/impacted surface and must be deleaded in its entirety. "SF" circled indicates that there is a storm frame present which requires the blind stop and exterior sill be deleaded as interior moveable / impacted surfaces. "A/M" circled means that the surface is "accessible mouthable" and must be deleaded to a minimum of five feet high, four inches in from the edge or corner. "L" circled means that the surface is loose and must, at minimum, be made intact. If more than one choice is circled, the rules for deleading may change depending upon what method of deleading you choose. Speak to the inspector for more information. "N/A" means the inspector was unable to determine if the surface was a lead hazard. The person doing the deleading must check this surface and follow all the rules for deleading. Speak to the inspector for more information. If nothing is circled in the column, then it is likely the surface does not need deleading. Speak to the inspector for more information. Remember, this does not mean the entire surface is lead free, it just does not require deleading in its current condition.
URG HAZ?	This column is only completed during a risk assessment. A risk assessment is an evaluation of a home's suitability for Interim Control. Only a licensed risk assessor can do a risk assessment, not all inspectors are risk assessors. If "Y" is circled, then this surface is considered an "Urgent Lead Hazard" and some type of deleading work is required to qualify for Interim Control.
IC DATE	The date the licensed risk assessor determines the surface meets the standards for Interim Control.
IC METH	The deleading method or structural repair done to qualify the surface for Interim Control. Refer to the deleading codes key on the cover page.
RELEAD DATE	The date that the lead inspector reinspects the surface and finds that it has been successfully brought back into compliance.
RELEAD METH	The method used to bring a surface into full compliance. Refer to codes in the Key on the cover page of the PCAD
RELEAD DATE	The date that the lead inspector reinspects the surface and finds that it has been successfully brought back into compliance.

Christine Caulfield M-1950 Christine Caulfield 05/05/16 Page 16 of 36
 Inspector (print) Lic # Signature Date

Risk Assessor (print) Lic # Signature Date
 Address of Property: 68 Brooks Ave Apt # City: Newtonville

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A/B	Up Walls	00	AM L N/A	Y				
A/B	Low Walls	02	AM L N/A	Y				
A/B	Baseboards	01	AM L N/A	Y				
A/B	Chair Rail	/	AM L N/A	Y				
A/B	Radiator	/	AM L N/A	Y				
-	Floor	01	AM L N/A	Y				
-	Ceiling	02	AM L N/A	Y				
A/B	Door	00	AM L N/A	Y				
C/D	Door Casing	01	AM L N/A	Y				
1	Door Jamb	00	AM L N/A	Y				
3/4	Threshold	02	AM L N/A	Y				
A/B	Door	01	AM L N/A	Y				
C/D	Door Casing	03	AM L N/A	Y				
1/2	Door Jamb	01	AM L N/A	Y				
3/4	Threshold	01	AM L N/A	Y				
A/B	Door	/	AM L N/A	Y				
C/D	Door Casing	/	AM L N/A	Y				
1/2	Door Jamb	/	AM L N/A	Y				
3/4	Threshold	/	AM L N/A	Y				
A	Closet Door	/	AM L N/A	Y				
B	Closet Casing	/	AM L N/A	Y				
C	Closet Jamb	/	AM L N/A	Y				
D	Closet Walls	/	AM L N/A	Y				
	Closet Baseboard	/	AM L N/A	Y				
1	Closet Pole	/	AM L N/A	Y				
2	Closet Shelf	/	AM L N/A	Y				
3	Closet Supports	/	AM L N/A	Y				
4	Closet Floor	/	AM L N/A	Y				
	Closet Ceiling	/	AM L N/A	Y				

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	04	AM L N/A	Y				
B	Win Apron	01	AM L N/A	Y				
C	Win Casing	00	AM L N/A	Y				
D	Header Stop	02	AM L N/A	Y				
	Int Stops	01	AM L N/A	Y				
1	Win Int Sash	02	AM L N/A	Y				
2	Exterior Sill	02	AM L N/A	Y				
3	Part Bead	02	AM L N/A	Y				
4	Blind Stop	01	AM L N/A	Y				
	Win Ext Sash	02	AM L N/A	Y				
A	Window Sill	00	AM L N/A	Y				
B	Win Apron	04	AM L N/A	Y				
C	Win Casing	02	AM L N/A	Y				
D	Header Stop	01	AM L N/A	Y				
	Int Stops	01	AM L N/A	Y				
1	Win Int Sash	02	AM L N/A	Y				
2	Exterior Sill	01	AM L N/A	Y				
3	Part Bead	02	AM L N/A	Y				
4	Blind Stop	01	AM L N/A	Y				
	Win Ext Sash	02	AM L N/A	Y				
A	Window Sill	00	AM L N/A	Y				
B	Win Apron	02	AM L N/A	Y				
C	Win Casing	02	AM L N/A	Y				
D	Header Stop	02	AM L N/A	Y				
	Int Stops	02	AM L N/A	Y				
1	Win Int Sash	02	AM L N/A	Y				
2	Exterior Sill	01	AM L N/A	Y				
3	Part Bead	02	AM L N/A	Y				
4	Blind Stop	02	AM L N/A	Y				
	Win Ext Sash	02	AM L N/A	Y				
A/B	Fireplace	/	AM L N/A	Y				
C/D	Mantle	/	AM L N/A	Y				
A/B	Win Above S	/	AM L N/A	Y				
	Ceiling Molding	/	AM L N/A	Y				
		/	AM L N/A	Y				
		/	AM L N/A	Y				
		/	AM L N/A	Y				

COMMENTS: STRUCTURAL DEFECTS.

Entrances listed in these boxes can only be made intact by a Contractor

SIDE	LOCATION	MEASURE, LOOSE PART	IC DATE	IC METH

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose AM materials

Christine Caulfield
Inspector (print)

M-1992

Lic #

Christine Caulfield
Signature

05/05/11
Date

Page 7 of 36

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 68 Brooks Ave

Appt #

City: Newtonville

ROOM # 2

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	00	AM L N/A	Y				
A B	Low Walls	02	AM L N/A	Y				
A B	Baseboards	01	AM L N/A	Y				
A B	Chair Rail		AM L N/A	Y				
A B	Radiator		AM L N/A	Y				
A B	Floor	02	AM L N/A	Y				
A B	Ceiling	01	AM L N/A	Y				
A B	Door	03	AM L N/A	Y				
A B	Door Casing	01	AM L N/A	Y				
A B	Door Jamb	02	AM L N/A	Y				
A B	Threshold	01	AM L N/A	Y				
A B	Door	04	AM L N/A	Y				
A B	Door Casing	00	AM L N/A	Y				
A B	Door Jamb	01	AM L N/A	Y				
A B	Threshold	01	AM L N/A	Y				
A B	Door	00	AM L N/A	Y				
A B	Door Casing	02	AM L N/A	Y				
A B	Door Jamb	01	AM L N/A	Y				
A B	Threshold	01	AM L N/A	Y				
A B	Closet Door	03	AM L N/A	Y				
A B	CI Casing	01	AM L N/A	Y				
A B	Closet Jamb	04	AM L N/A	Y				
A B	Closet Walls	00	AM L N/A	Y				
A B	CI Baseboard	01	AM L N/A	Y				
A B	Closet Pole		AM L N/A	Y				
A B	Closet Shelf	00	AM L N/A	Y				
A B	CI Supports	00	AM L N/A	Y				
A B	Closet Floor	04	AM L N/A	Y				
A B	Closet Ceiling	03	AM L N/A	Y				
A	Window Sill	02	AM L N/A	Y				
A	Win Apron	02	AM L N/A	Y				
A	Win Casing	00	AM L N/A	Y				
A	Header Stop	03	AM L N/A	Y				
A	Int Stops	03	AM L N/A	Y				
A	Win Int Sash	VR	AM L N/A	Y				
A	Exterior Sill	8.9	AM L N/A	Y				
A	Part Bead	VR	AM L N/A	Y				
A	Blind Stop	91	AM L N/A	Y				
A	Win Ext Sash	VR	AM L N/A	Y				
A	Window Sill	00	AM L N/A	Y				
A	Win Apron	02	AM L N/A	Y				
A	Win Casing	01	AM L N/A	Y				
A	Header Stop	00	AM L N/A	Y				
A	Int Stops	01	AM L N/A	Y				
A	Win Int Sash	VR	AM L N/A	Y				
A	Exterior Sill	9.9	AM L N/A	Y				
A	Part Bead	VR	AM L N/A	Y				
A	Blind Stop	98	AM L N/A	Y				
A	Win Ext Sash	VR	AM L N/A	Y				
A	Window Sill		AM L N/A	Y				
A	Win Apron		AM L N/A	Y				
A	Win Casing		AM L N/A	Y				
A	Header Stop		AM L N/A	Y				
A	Int Stops		AM L N/A	Y				
A	Win Int Sash		AM L N/A	Y				
A	Exterior Sill		AM L N/A	Y				
A	Part Bead		AM L N/A	Y				
A	Blind Stop		AM L N/A	Y				
A	Win Ext Sash		AM L N/A	Y				
A	Fireplace		AM L N/A	Y				
A	Mantle		AM L N/A	Y				
A	Win Above S		AM L N/A	Y				
A	Ceiling Molding		AM L N/A	Y				
A	hutch		AM L N/A	Y				
A	inside	00	AM L N/A	Y				
A	outside	01	AM L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

Address listed in these boxes can only be made intact by a Datacenter

SE	LOCATION	REASON FOR LEAD	IC DATE	IC METH

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose lead surfaces

Date _____

City ^{Code} Newtonville

3

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	00	MH AM L N/A	Y				
B	Win Apron	00	AM L N/A	Y				
C	Win Casing	01	AM L N/A	Y				
D	Header Stop	01	MH AM L N/A	Y				
	Int Stops	05	MH AM L N/A	Y				
1	Win Int Sash	V2	MH AM L N/A	Y				
2	Exterior Sill	99	MH SF L N/A	Y				
3	Part Bead	V1	MH L N/A	Y				
4	Blind Stop	99	MH SF L N/A	Y				
	Win Ext Sash	V2	MH L N/A	Y				
A	Window Sill	00	MH AM L N/A	Y				
B	Win Apron	00	AM L N/A	Y				
C	Win Casing	02	AM L N/A	Y				
D	Header Stop	01	MH AM L N/A	Y				
	Int Stops	03	MH AM L N/A	Y				
1	Win Int Sash	V2	MH AM L N/A	Y				
2	Exterior Sill	92	MH SF L N/A	Y				
3	Part Bead	V2	MH L N/A	Y				
4	Blind Stop	90	MH SF L N/A	Y				
	Win Ext Sash	V2	MH L N/A	Y				
A	Window Sill	.	MH AM L N/A	Y				
B	Win Apron	.	AM L N/A	Y				
C	Win Casing	.	AM L N/A	Y				
D	Header Stop	.	MH AM L N/A	Y				
	Int Stops	.	MH AM L N/A	Y				
1	Win Int Sash	.	MH AM L N/A	Y				
2	Exterior Sill	.	MH SF L N/A	Y				
3	Part Bead	.	MH L N/A	Y				
4	Blind Stop	.	MH SF L N/A	Y				
	Win Ext Sash	.	MH L N/A	Y				
A B	Fireplace	.	AM L N/A	Y				
C D	Mantle	.	AM L N/A	Y				
A B	Win Above J	.	AM L N/A	Y				
E F	Ceiling Molding	.	AM L N/A	Y				
		.	AM L N/A	Y				
		.	AM L N/A	Y				
		.	AM L N/A	Y				

CRACKS/STRUCTURAL DEFECTS:

Changes listed in these boxes can only be made input by a Dealer

[illegible]

☒ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with delamination problems and/or 3 or more loose wall panels.

Inspector (print)
Christine Caulfield

M-1950

Lic #

Signature

Christine Caulfield

Date
05/05/16

Page 9 of 36

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

68 Brooks Ave

Appt #

City: Newtonville

ROOM # 4

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	01	AM L N/A	Y				
A B C D	Low Walls	02	AM L N/A	Y				
A B C D	Baseboards	00	AM L N/A	Y				
A B C D	Chair Rail		AM L N/A	Y				
A B C D	Radiator		AM L N/A	Y				
A B C D	Floor	01	AM L N/A	Y				
A B C D	Ceiling	02	AM L N/A	Y				
A B C D	Door	00	AM L N/A	Y				
A B C D	Door Casing	02	AM L N/A	Y				
A B C D	Door Jamb	01	AM L N/A	Y				
A B C D	Threshold	01	AM L N/A	Y				
A B C D	Door	00	AM L N/A	Y				
A B C D	Door Casing	02	AM L N/A	Y				
A B C D	Door Jamb	01	AM L N/A	Y				
A B C D	Threshold	00	AM L N/A	Y				
A B C D	Door	03	AM L N/A	Y				
A B C D	Door Casing	01	AM L N/A	Y				
A B C D	Door Jamb	01	AM L N/A	Y				
A B C D	Threshold	01	AM L N/A	Y				
A B C D	Closet Door		AM L N/A	Y				
A B C D	Closet Casing		AM L N/A	Y				
A B C D	Closet Jamb		AM L N/A	Y				
A B C D	Closet Walls		AM L N/A	Y				
A B C D	Closet Baseboard		AM L N/A	Y				
A B C D	Closet Pate		AM L N/A	Y				
A B C D	Closet Shelf		AM L N/A	Y				
A B C D	Closet Supports		AM L N/A	Y				
A B C D	Closet Floor		AM L N/A	Y				
A B C D	Closet Ceiling		AM L N/A	Y				
A B C D	Window Sill	00	AM L N/A	Y				
A B C D	Win Apron	02	AM L N/A	Y				
A B C D	Win Casing	01	AM L N/A	Y				
A B C D	Header Stop	00	AM L N/A	Y				
A B C D	Int Stops	02	AM L N/A	Y				
A B C D	Win Int Sash	02	AM L N/A	Y				
A B C D	Exterior Sill	03	AM L N/A	Y				
A B C D	Part Bead	00	AM L N/A	Y				
A B C D	Blind Stop	01	AM L N/A	Y				
A B C D	Win Ext Sash	02	AM L N/A	Y				
A B C D	Window Sill	01	AM L N/A	Y				
A B C D	Win Apron	03	AM L N/A	Y				
A B C D	Win Casing	01	AM L N/A	Y				
A B C D	Header Stop	00	AM L N/A	Y				
A B C D	Int Stops	00	AM L N/A	Y				
A B C D	Win Int Sash	02	AM L N/A	Y				
A B C D	Exterior Sill	03	AM L N/A	Y				
A B C D	Part Bead	00	AM L N/A	Y				
A B C D	Blind Stop	01	AM L N/A	Y				
A B C D	Win Ext Sash	02	AM L N/A	Y				
A B C D	Window Sill	00	AM L N/A	Y				
A B C D	Win Apron	02	AM L N/A	Y				
A B C D	Win Casing	02	AM L N/A	Y				
A B C D	Header Stop	01	AM L N/A	Y				
A B C D	Int Stops	04	AM L N/A	Y				
A B C D	Win Int Sash	02	AM L N/A	Y				
A B C D	Exterior Sill	01	AM L N/A	Y				
A B C D	Part Bead	00	AM L N/A	Y				
A B C D	Blind Stop	02	AM L N/A	Y				
A B C D	Win Ext Sash	02	AM L N/A	Y				
A B C D	Fireplace	00	AM L N/A	Y				
A B C D	Mantle	01	AM L N/A	Y				
A B C D	Win Above S		AM L N/A	Y				
A B C D	Ceiling Molding		AM L N/A	Y				
A B C D	Door	01	AM L N/A	Y				
A B C D			AM L N/A	Y				
A B C D			AM L N/A	Y				
A B C D			AM L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

Lead based in place tests can only be made intact by a Reader

LOCATION	MEASURE: LEAD POINT	IC DATE	IC METH

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion readings below 2.0 mg/100 sq ft.

Inspector (print) Christine Gaulfield M-1950 Signature *Christine Gaulfield* Date 05/05/11

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Risk Assessor (print) Address of Property: 68 Brooks Ave. City: Newtonville ROOM # 5

SIDE	LOCATION SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	00	AM L N/A	Y				
B	Low Walls	02	AM L N/A	Y				
C	Baseboards	01	AM L N/A	Y				
D	Chair Rail	/	AM L N/A	Y				
E	Radiator	/	AM L N/A	Y				
F	Floor	01	AM L N/A	Y				
G	Ceiling	03	AM L N/A	Y				
H	Door	01	AM L N/A	Y				
I	Door Casings	00	AM L N/A	Y				
J	Door Jamb	02	AM L N/A	Y				
K	Threshold	01	AM L N/A	Y				
L	Door	00	AM L N/A	Y				
M	Door Casings	/	AM L N/A	Y				
N	Door Jamb	/	AM L N/A	Y				
O	Threshold	/	AM L N/A	Y				
P	Door	/	AM L N/A	Y				
Q	Door Casings	/	AM L N/A	Y				
R	Door Jamb	/	AM L N/A	Y				
S	Threshold	/	AM L N/A	Y				
T	Closest Door	02	AM L N/A	Y				
U	Closest Casings	00	AM L N/A	Y				
V	Closest Jamb	00	AM L N/A	Y				
W	Closest Windows	04	AM L N/A	Y				
X	Closest Baseboard	01	AM L N/A	Y				
Y	Closest Pole	02	AM L N/A	Y				
Z	Closest Shelf	01	AM L N/A	Y				
AA	Closest Supports	00	AM L N/A	Y				
AB	Closest Floor	00	AM L N/A	Y				
AC	Closest Ceiling	03	AM L N/A	Y				
AD	Window Sill	02	AM L N/A	Y				
AE	Win Apron	01	AM L N/A	Y				
AF	Win Casings	01	AM L N/A	Y				
AG	Header Stop	00	AM L N/A	Y				
AH	Int Stops	02	AM L N/A	Y				
AI	Win Int Sash	02	AM L N/A	Y				
AJ	Exterior Sill	90	AM L N/A	Y				
AK	Part Bead	VR	AM L N/A	Y				
AL	Blind Stop	89	AM L N/A	Y				
AM	Win Ext Sash	VR	AM L N/A	Y				
AN	Window Sill	02	AM L N/A	Y				
AO	Win Apron	72	AM L N/A	Y				
AP	Win Casings	01	AM L N/A	Y				
AQ	Header Stop	00	AM L N/A	Y				
AR	Int Stops	00	AM L N/A	Y				
AS	Win Int Sash	VR	AM L N/A	Y				
AT	Exterior Sill	47	AM L N/A	Y				
AU	Part Bead	VR	AM L N/A	Y				
AV	Blind Stop	99	AM L N/A	Y				
AW	Win Ext Sash	VR	AM L N/A	Y				
AX	Window Sill	/	AM L N/A	Y				
AY	Win Apron	/	AM L N/A	Y				
AZ	Win Casings	/	AM L N/A	Y				
BA	Header Stop	/	AM L N/A	Y				
BB	Int Stops	/	AM L N/A	Y				
BC	Win Int Sash	/	AM L N/A	Y				
BD	Exterior Sill	/	AM L N/A	Y				
BE	Part Bead	/	AM L N/A	Y				
BF	Blind Stop	/	AM L N/A	Y				
BG	Win Ext Sash	/	AM L N/A	Y				
BH	Fireplace	/	AM L N/A	Y				
BI	Mantle	/	AM L N/A	Y				
BJ	Win Above S	/	AM L N/A	Y				
BK	Ceiling Molding	/	AM L N/A	Y				
BL	/	/	AM L N/A	Y				
BM	/	/	AM L N/A	Y				
BN	/	/	AM L N/A	Y				
BO	/	/	AM L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

Notes filed in these boxes can only be made used by a Detector

LOCATION	DETECTOR	DATE	TIME

Check the box if this FORM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems under 3 or more than 4% adhesion

☐ YES ☐ NO

Inspector (print) Christina Caulfield Lic # 21-1950 Signature *Christina Caulfield* Date 05/05/16

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Risk Assessor (print) Lic # Signature Date
 Address of Property: 68 Brooks Ave. Apt # City: Newtonville
 ROOM # 6

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	0.1	AM L N/A	Y				
A B	Low Walls	0.2	AM L N/A	Y				
A B	Baseboards	0.1	AM L N/A	Y				
A B	Chair Rail	/	AM L N/A	Y				
A B	Radiator	/	AM L N/A	Y				
A B	Floor	0.0	AM L N/A	Y				
A B	Casing	0.1	AM L N/A	Y				
A B	Door	0.0	AM L N/A	Y				
C D	Door Casing	0.2	AM L N/A	Y				
1 2	Door Jamb	0.1	AM L N/A	Y				
3 4	Threshold	0.0	AM L N/A	Y				
A B	Door	0.1	AM L N/A	Y				
C D	Door Casing	0.4	AM L N/A	Y				
1 2	Door Jamb	0.2	AM L N/A	Y				
3 4	Threshold	0.1	AM L N/A	Y				
A B	Door	/	AM L N/A	Y				
C D	Door Casing	/	AM L N/A	Y				
1 2	Door Jamb	/	AM L N/A	Y				
3 4	Threshold	/	AM L N/A	Y				
A B	Door	/	AM L N/A	Y				
C D	Door Casing	/	AM L N/A	Y				
1 2	Door Jamb	/	AM L N/A	Y				
3 4	Threshold	/	AM L N/A	Y				
A	Closet Door	0.2	AM L N/A	Y				
B	Closet Casing	0.0	AM L N/A	Y				
C	Closet Jamb	0.3	AM L N/A	Y				
D	Closet Walls	0.1	AM L N/A	Y				
E	Closet Baseboard	0.0	AM L N/A	Y				
1	Closet Rail	0.1	AM L N/A	Y				
2	Closet Shelf	0.2	AM L N/A	Y				
3	Closet Supports	0.1	AM L N/A	Y				
4	Closet Floor	0.0	AM L N/A	Y				
	Closet Ceiling	0.4	AM L N/A	Y				

COMMENTS: STRUCTURAL DEFECTS:

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.1	AM L N/A	Y				
B	Win Apron	0.1	AM L N/A	Y				
C	Win Casing	0.3	AM L N/A	Y				
D	Header Stop	0.0	AM L N/A	Y				
	Int Stops	0.0	AM L N/A	Y				
1	Win Int Sash	VR	AM L N/A	Y				
2	Exterior Sill	0.1	AM L N/A	Y				
3	Part Bead	VR	AM L N/A	Y				
4	Wind Stop	0.9	AM L N/A	Y				
	Win Ext Sash	VR	AM L N/A	Y				
A	Window Sill	0.1	AM L N/A	Y				
B	Win Apron	0.0	AM L N/A	Y				
C	Win Casing	0.0	AM L N/A	Y				
D	Header Stop	0.3	AM L N/A	Y				
	Int Stops	0.1	AM L N/A	Y				
1	Win Int Sash	VR	AM L N/A	Y				
2	Exterior Sill	0.4	AM L N/A	Y				
3	Part Bead	VR	AM L N/A	Y				
4	Wind Stop	0.9	AM L N/A	Y				
	Win Ext Sash	VR	AM L N/A	Y				
A	Window Sill	0.0	AM L N/A	Y				
B	Win Apron	0.2	AM L N/A	Y				
C	Win Casing	0.1	AM L N/A	Y				
D	Header Stop	0.1	AM L N/A	Y				
	Int Stops	0.4	AM L N/A	Y				
1	Win Int Sash	VR	AM L N/A	Y				
2	Exterior Sill	0.2	AM L N/A	Y				
3	Part Bead	VR	AM L N/A	Y				
4	Wind Stop	0.9	AM L N/A	Y				
	Win Ext Sash	VR	AM L N/A	Y				
A B	Fireplace	/	AM L N/A	Y				
C D	Mantle	/	AM L N/A	Y				
A B	Win Above S	/	AM L N/A	Y				
C D	Casing Molding	/	AM L N/A	Y				
		/	AM L N/A	Y				
		/	AM L N/A	Y				
		/	AM L N/A	Y				

1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16

Check the box if this ROOM is RULED OUT for remediation because there are too many surfaces with elevated lead levels for a lead abatement project.

Inspector (print) Christine Caulfield

Lic # M-1850

Lic #

Signature Christine Caulfield

Date 05/05/16

Date

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Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

68 Brooks Ave

Apt. #

City: Newtonville

ROOM #

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	0.0	AM L N/A	Y						A	Window Sill	0.0	AM L N/A	Y					
A B	Low Walls	0.2	AM L N/A	Y						B	Win Apron	0.4	AM L N/A	Y					
A B	Baseboards	0.1	AM L N/A	Y						C	Win Casing	0.1	AM L N/A	Y					
A B	Chair Rail		AM L N/A	Y						D	Header Stop	0.0	AM L N/A	Y					
A B	Radiator		AM L N/A	Y							Int Stops	0.3	AM L N/A	Y					
	Floor	0.3	AM L N/A	Y						1	Win Int Sash	VR	AM L N/A	Y					
	Ceiling	0.0	AM L N/A	Y						2	Exterior Sill	0.1	AM L N/A	Y					
1	Door	0.1	AM L N/A	Y						3	Part Bead	VR	AM L N/A	Y					
C D	Door Casing	0.0	AM L N/A	Y						4	Blind Stop	0.0	AM L N/A	Y					
1 2	Door Jamb	0.2	AM L N/A	Y							Win Ext Sash	VR	AM L N/A	Y					
3 4	Threshold	0.1	AM L N/A	Y						A	Window Sill	0.0	AM L N/A	Y					
A B	Door	0.0	AM L N/A	Y						B	Win Apron	0.1	AM L N/A	Y					
C D	Door Casing	0.4	AM L N/A	Y						C	Win Casing	0.0	AM L N/A	Y					
1 2	Door Jamb	0.1	AM L N/A	Y						D	Header Stop	0.3	AM L N/A	Y					
3 4	Threshold	0.0	AM L N/A	Y							Int Stops	0.1	AM L N/A	Y					
A B	Door	0.2	AM L N/A	Y						1	Win Int Sash	VR	AM L N/A	Y					
C D	Door Casing	0.1	AM L N/A	Y						2	Exterior Sill	0.1	AM L N/A	Y					
1 2	Door Jamb	0.0	AM L N/A	Y						3	Part Bead	VR	AM L N/A	Y					
3 4	Threshold	0.4	AM L N/A	Y						4	Blind Stop	0.0	AM L N/A	Y					
A B	Door		AM L N/A	Y							Win Ext Sash	VR	AM L N/A	Y					
C D	Door Casing		AM L N/A	Y						A	Window Sill	0.2	AM L N/A	Y					
1 2	Door Jamb		AM L N/A	Y						B	Win Apron	0.0	AM L N/A	Y					
3 4	Threshold		AM L N/A	Y						C	Win Casing	0.1	AM L N/A	Y					
A	Closet Door	0.0	AM L N/A	Y						D	Header Stop	0.1	AM L N/A	Y					
B	Closet Casing	0.4	AM L N/A	Y							Int Stops	0.1	AM L N/A	Y					
C	Closet Jamb	0.1	AM L N/A	Y						1	Win Int Sash	VR	AM L N/A	Y					
D	Closet Walls	0.0	AM L N/A	Y						2	Exterior Sill	0.9	AM L N/A	Y					
	Closet Baseboard	0.2	AM L N/A	Y						3	Part Bead	VR	AM L N/A	Y					
1	Closet Pole	0.1	AM L N/A	Y						4	Blind Stop	0.9	AM L N/A	Y					
2	Closet Shelf	0.0	AM L N/A	Y							Win Ext Sash	VR	AM L N/A	Y					
3	Closet Supports	0.1	AM L N/A	Y						A B	Fireplace		AM L N/A	Y					
4	Closet Floor	0.0	AM L N/A	Y						C D	Mantle		AM L N/A	Y					
	Closet Ceiling	0.3	AM L N/A	Y						A B	Win Above S		AM L N/A	Y					
										C D	Ceiling Molding		AM L N/A	Y					
										B	closet	0.2	AM L N/A	Y					
													AM L N/A	Y					
													AM L N/A	Y					

COMMENTS / STRUCTURAL DEFECTS:

Access listed in these boxes can only be made with a Deleaser

LEAD	LOCATION	REASON FOR LEAD PAINT	IC	IC DATE	IC METH

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems greater than 3 or more sq. ft. of lead paint.

Inspector (print) Christine Caulfield Lic # M-1950 Signature *Christine Caulfield* Date 05/05/14 Page 13 of 30

Risk Assessor (print) Lic # Signature Date
Address of Property: 68 Brooks Ave Apt # City: Newtonville
ROOM # 8

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	00	AM L N/A	Y				
B	Loa Walls	02	AM L N/A	Y				
C	Baseboards	01	AM L N/A	Y				
D	Chair Rail	/	AM L N/A	Y				
E	Radiator	/	AM L N/A	Y				
F	Floor	01	AM L N/A	Y				
G	Ceiling	02	AM L N/A	Y				
H	Door	00	AM L N/A	Y				
I	Door Casing	02	AM L N/A	Y				
J	Door Jamb	01	AM L N/A	Y				
K	Threshold	00	AM L N/A	Y				
L	Door	00	AM L N/A	Y				
M	Door Casing	03	AM L N/A	Y				
N	Door Jamb	01	AM L N/A	Y				
O	Threshold	01	AM L N/A	Y				
P	Door	/	AM L N/A	Y				
Q	Door Casing	/	AM L N/A	Y				
R	Door Jamb	/	AM L N/A	Y				
S	Threshold	/	AM L N/A	Y				
T	Door	/	AM L N/A	Y				
U	Door Casing	/	AM L N/A	Y				
V	Door Jamb	/	AM L N/A	Y				
W	Threshold	/	AM L N/A	Y				
X	Closet Door	02	AM L N/A	Y				
Y	Closet Casing	01	AM L N/A	Y				
Z	Closet Jamb	01	AM L N/A	Y				
AA	Closet Walls	00	AM L N/A	Y				
AB	Closet Baseboard	02	AM L N/A	Y				
AC	Closet Pate	01	AM L N/A	Y				
AD	Closet Shelf	01	AM L N/A	Y				
AE	Closet Sengors	01	AM L N/A	Y				
AF	Closet Floor	01	AM L N/A	Y				
AG	Closet Ceiling	01	AM L N/A	Y				
HAZARD / STRUCTURAL DEFECTS								

Options listed in these boxes can only be made initial by a Designer

MEASURE	LOOSE LEAD	IC	IC
	(MORE THAN 230 G/N)	DATE	METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose lead surfaces

Enclosure Caulfield

12-1950

Cheranne Caulfield

05/05/14

Page 14 of 36

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

68 Brooks Ave

Apt #

City

Newtonville

ROOM #

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	00	AM L N/A	Y				
B	Low Walls	02	AM L N/A	Y				
C	Baseboards	01	AM L N/A	Y				
D	Chimney		AM L N/A	Y				
E	Radiator		AM L N/A	Y				
F	Floor	02	AM L N/A	Y				
G	Ceiling	01	AM L N/A	Y				
H	Door	02	AM L N/A	Y				
I	Door Casing	02	AM L N/A	Y				
J	Door Jamb	03	AM L N/A	Y				
K	Threshold	01	AM L N/A	Y				
L	Door	02	AM L N/A	Y				
M	Door Casing	01	AM L N/A	Y				
N	Door Jamb	01	AM L N/A	Y				
O	Threshold	03	AM L N/A	Y				
P	Door		AM L N/A	Y				
Q	Door Casing		AM L N/A	Y				
R	Door Jamb		AM L N/A	Y				
S	Threshold		AM L N/A	Y				
T	Door		AM L N/A	Y				
U	Door Casing		AM L N/A	Y				
V	Door Jamb		AM L N/A	Y				
W	Threshold		AM L N/A	Y				
X	Closet Door		AM L N/A	Y				
Y	Closet Casing		AM L N/A	Y				
Z	Closet Jamb		AM L N/A	Y				
AA	Closet Walls		AM L N/A	Y				
AB	Closet Baseboard		AM L N/A	Y				
AC	Closet Floor		AM L N/A	Y				
AD	Closet Ceiling		AM L N/A	Y				
AE	Closet Shelf		AM L N/A	Y				
AF	Closet Supports		AM L N/A	Y				
AG	Closet Floor		AM L N/A	Y				
AH	Closet Ceiling		AM L N/A	Y				
AI	Closet Shelf		AM L N/A	Y				
AJ	Closet Supports		AM L N/A	Y				
AK	Closet Floor		AM L N/A	Y				
AL	Closet Ceiling		AM L N/A	Y				
AM	Closet Shelf		AM L N/A	Y				
AN	Closet Supports		AM L N/A	Y				
AO	Closet Floor		AM L N/A	Y				
AP	Closet Ceiling		AM L N/A	Y				
AP	Window Sill	01	AM L N/A	Y				
B	Win Apron	01	AM L N/A	Y				
C	Win Casing	01	AM L N/A	Y				
D	Header Stop	03	AM L N/A	Y				
E	Int Stops	03	AM L N/A	Y				
F	Win Int Sash	02	AM L N/A	Y				
G	Exterior Sill	03	AM L N/A	Y				
H	Part Bead	02	AM L N/A	Y				
I	Blind Stop	02	AM L N/A	Y				
J	Win Ext Sash	02	AM L N/A	Y				
K	Window Sill		AM L N/A	Y				
L	Win Apron		AM L N/A	Y				
M	Win Casing		AM L N/A	Y				
N	Header Stop		AM L N/A	Y				
O	Int Stops		AM L N/A	Y				
P	Win Int Sash		AM L N/A	Y				
Q	Exterior Sill		AM L N/A	Y				
R	Part Bead		AM L N/A	Y				
S	Blind Stop		AM L N/A	Y				
T	Win Ext Sash		AM L N/A	Y				
U	Window Sill		AM L N/A	Y				
V	Win Apron		AM L N/A	Y				
W	Win Casing		AM L N/A	Y				
X	Header Stop		AM L N/A	Y				
Y	Int Stops		AM L N/A	Y				
Z	Win Int Sash		AM L N/A	Y				
AA	Exterior Sill		AM L N/A	Y				
AB	Part Bead		AM L N/A	Y				
AC	Blind Stop		AM L N/A	Y				
AD	Win Ext Sash		AM L N/A	Y				
AE	Fireplace		AM L N/A	Y				
AF	Mantle		AM L N/A	Y				
AG	Win Above S		AM L N/A	Y				
AH	Ceiling Molding		AM L N/A	Y				
AI	Doors	NC	AM L N/A	Y				
AJ			AM L N/A	Y				
AK			AM L N/A	Y				
AL			AM L N/A	Y				

COMMENTS: STRUCTURAL DEFECTS:

Locations listed in these boxes can only be made intact by a Delagator

LOCATION	MEASURE: SQUARE FOOT	IC DATE	IC METH

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A/M surfaces

Inspector (print) Christine Cavallaro Lic # 11-1950 Signature Christine Cavallaro Date 05/05/14

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Risk Assessor (print) _____ Lic # _____ Signature _____ Date _____
Address of Property: 68 Brooks Ave Apt # _____ City: Newtonville

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC	IC DATE	IC METH	DELEAD DATE	DELEAD METH
1	Up Walls	00	AM L N/A	Y						A	Window Sill	00	AM L N/A	Y					
2	Down Walls	00	AM L N/A	Y						B	Win Apron	00	AM L N/A	Y					
3	Baseboards	01	AM L N/A	Y						C	Win Casing	01	AM L N/A	Y					
4	Chair Rail		AM L N/A	Y						D	Header Stop	04	AM L N/A	Y					
5	Radiator		AM L N/A	Y						1	Int Stops	04	AM L N/A	Y					
6	Floor	04	AM L N/A	Y						2	Win Int Sash	04	AM L N/A	Y					
7	Ceiling	01	AM L N/A	Y						3	Exterior Sill	04	AM L N/A	Y					
8	Door	00	AM L N/A	Y						4	Part Bead	04	AM L N/A	Y					
9	Door Casing	04	AM L N/A	Y						5	Blind Stop	04	AM L N/A	Y					
10	Door Jamb	01	AM L N/A	Y						6	Win Ext Sash	04	AM L N/A	Y					
11	Threshold	03	AM L N/A	Y						7	Window Sill		AM L N/A	Y					
12	Door		AM L N/A	Y						8	Win Apron		AM L N/A	Y					
13	Door Casing		AM L N/A	Y						9	Win Casing		AM L N/A	Y					
14	Door Jamb		AM L N/A	Y						10	Header Stop		AM L N/A	Y					
15	Threshold		AM L N/A	Y						11	Int Stops		AM L N/A	Y					
16	Door		AM L N/A	Y						12	Win Int Sash		AM L N/A	Y					
17	Door Casing		AM L N/A	Y						13	Exterior Sill		AM L N/A	Y					
18	Door Jamb		AM L N/A	Y						14	Part Bead		AM L N/A	Y					
19	Threshold		AM L N/A	Y						15	Blind Stop		AM L N/A	Y					
20	Door		AM L N/A	Y						16	Win Ext Sash		AM L N/A	Y					
21	Door Casing		AM L N/A	Y						17	Window Sill		AM L N/A	Y					
22	Door Jamb		AM L N/A	Y						18	Win Apron		AM L N/A	Y					
23	Threshold		AM L N/A	Y						19	Win Casing		AM L N/A	Y					
24	Door		AM L N/A	Y						20	Header Stop		AM L N/A	Y					
25	Door Casing		AM L N/A	Y						21	Int Stops		AM L N/A	Y					
26	Door Jamb		AM L N/A	Y						22	Win Int Sash		AM L N/A	Y					
27	Threshold		AM L N/A	Y						23	Exterior Sill		AM L N/A	Y					
28	Door		AM L N/A	Y						24	Part Bead		AM L N/A	Y					
29	Door Casing		AM L N/A	Y						25	Blind Stop		AM L N/A	Y					
30	Door Jamb		AM L N/A	Y						26	Win Ext Sash		AM L N/A	Y					
31	Threshold		AM L N/A	Y						27	Window Sill		AM L N/A	Y					
32	Door		AM L N/A	Y						28	Win Apron		AM L N/A	Y					
33	Door Casing		AM L N/A	Y						29	Win Casing		AM L N/A	Y					
34	Door Jamb		AM L N/A	Y						30	Header Stop		AM L N/A	Y					
35	Threshold		AM L N/A	Y						31	Int Stops		AM L N/A	Y					
36	Door		AM L N/A	Y						32	Win Int Sash		AM L N/A	Y					
37	Door Casing		AM L N/A	Y						33	Exterior Sill		AM L N/A	Y					
38	Door Jamb		AM L N/A	Y						34	Part Bead		AM L N/A	Y					
39	Threshold		AM L N/A	Y						35	Blind Stop		AM L N/A	Y					
40	Door		AM L N/A	Y						36	Win Ext Sash		AM L N/A	Y					
41	Door Casing		AM L N/A	Y						37	Window Sill		AM L N/A	Y					
42	Door Jamb		AM L N/A	Y						38	Win Apron		AM L N/A	Y					
43	Threshold		AM L N/A	Y						39	Win Casing		AM L N/A	Y					
44	Door		AM L N/A	Y						40	Header Stop		AM L N/A	Y					
45	Door Casing		AM L N/A	Y						41	Int Stops		AM L N/A	Y					
46	Door Jamb		AM L N/A	Y						42	Win Int Sash		AM L N/A	Y					
47	Threshold		AM L N/A	Y						43	Exterior Sill		AM L N/A	Y					
48	Door		AM L N/A	Y						44	Part Bead		AM L N/A	Y					
49	Door Casing		AM L N/A	Y						45	Blind Stop		AM L N/A	Y					
50	Door Jamb		AM L N/A	Y						46	Win Ext Sash		AM L N/A	Y					
51	Threshold		AM L N/A	Y						47	Window Sill		AM L N/A	Y					
52	Door		AM L N/A	Y						48	Win Apron		AM L N/A	Y					
53	Door Casing		AM L N/A	Y						49	Win Casing		AM L N/A	Y					
54	Door Jamb		AM L N/A	Y						50	Header Stop		AM L N/A	Y					
55	Threshold		AM L N/A	Y						51	Int Stops		AM L N/A	Y					
56	Door		AM L N/A	Y						52	Win Int Sash		AM L N/A	Y					
57	Door Casing		AM L N/A	Y						53	Exterior Sill		AM L N/A	Y					
58	Door Jamb		AM L N/A	Y						54	Part Bead		AM L N/A	Y					
59	Threshold		AM L N/A	Y						55	Blind Stop		AM L N/A	Y					
60	Door		AM L N/A	Y						56	Win Ext Sash		AM L N/A	Y					
61	Door Casing		AM L N/A	Y						57	Window Sill		AM L N/A	Y					
62	Door Jamb		AM L N/A	Y						58	Win Apron		AM L N/A	Y					
63	Threshold		AM L N/A	Y						59	Win Casing		AM L N/A	Y					
64	Door		AM L N/A	Y						60	Header Stop		AM L N/A	Y					
65	Door Casing		AM L N/A	Y						61	Int Stops		AM L N/A	Y					
66	Door Jamb		AM L N/A	Y						62	Win Int Sash		AM L N/A	Y					
67	Threshold		AM L N/A	Y						63	Exterior Sill		AM L N/A	Y					
68	Door		AM L N/A	Y						64	Part Bead		AM L N/A	Y					
69	Door Casing		AM L N/A	Y						65	Blind Stop		AM L N/A	Y					
70	Door Jamb		AM L N/A	Y						66	Win Ext Sash		AM L N/A	Y					
71	Threshold		AM L N/A	Y						67	Window Sill		AM L N/A	Y					
72	Door		AM L N/A	Y						68	Win Apron		AM L N/A	Y					
73	Door Casing		AM L N/A	Y						69	Win Casing		AM L N/A	Y					
74	Door Jamb		AM L N/A	Y						70	Header Stop		AM L N/A	Y					
75	Threshold		AM L N/A	Y						71	Int Stops		AM L N/A	Y					
76	Door		AM L N/A	Y						72	Win Int Sash		AM L N/A	Y					
77	Door Casing		AM L N/A	Y						73	Exterior Sill		AM L N/A	Y					
78	Door Jamb		AM L N/A	Y						74	Part Bead		AM L N/A	Y					
79	Threshold		AM L N/A	Y						75	Blind Stop		AM L N/A	Y					
80	Door		AM L N/A	Y						76	Win Ext Sash		AM L N/A	Y					
81	Door Casing		AM L N/A	Y						77	Window Sill		AM L N/A	Y					
82	Door Jamb		AM L N/A	Y						78	Win Apron		AM L N/A	Y					
83	Threshold		AM L N/A	Y						79	Win Casing		AM L N/A	Y					
84	Door		AM L N/A	Y						80	Header Stop		AM L N/A	Y					
85	Door Casing		AM L N/A	Y						81	Int Stops		AM L N/A	Y					
86	Door Jamb		AM L N/A	Y						82	Win Int Sash		AM L N/A	Y					
87	Threshold		AM L N/A	Y						83	Exterior Sill		AM L N/A	Y					
88	Door		AM L N/A	Y						84	Part Bead		AM L N/A	Y					
89	Door Casing		AM L N/A	Y						85	Blind Stop		AM L N/A	Y					
90	Door Jamb		AM L N/A	Y						86	Win Ext Sash		AM L N/A	Y					
91	Threshold		AM L N/A	Y						87	Window Sill		AM L N/A	Y					
92	Door		AM L N/A	Y						88	Win Apron		AM L N/A	Y					
93	Door Casing		AM L N/A	Y						89	Win Casing		AM L N/A	Y					
94	Door Jamb		AM L N/A	Y						90	Header Stop		AM L N/A	Y					
95	Threshold		AM L N/A	Y						91	Int Stops		AM L N/A	Y					
96	Door		AM L N/A	Y						92	Win Int Sash		AM L N/A	Y					
97	Door Casing		AM L N/A	Y						93	Exterior Sill		AM L N/A	Y					
98	Door Jamb		AM L N/A	Y						94	Part Bead		AM L N/A	Y					
99	Threshold		AM L N/A	Y						95	Blind Stop		AM L N/A	Y					
100	Door		AM L N/A	Y						96	Win Ext Sash		AM L N/A	Y					

COMMENTS / STRUCTURAL DEFECTS:

Surfaces listed in these boxes can only be made intact by a collector

LOCATION	DATE	IC	IC DATE	IC METH
CEILING, LOOSE PANEL				
DOOR THRESHOLD, INT				

Check the box if this ROOM is FILED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose AM surfaces

Inspector (print) Christine Caulfield M-1950 Signature *Christine Caulfield* Date 05-05-16 Page 16 of 36

Risk Assessor (print) Address of Property: 68 Brooks Ave. Lic# Apt # City: Newtonville Date

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.2	AM L N/A	Y				
A B C D	Low Walls	0.0	AM L N/A	Y				
A B C D	Baseboards	0.1	AM L N/A	Y				
A B C D	Chair Rail	0.2	AM L N/A	Y				
A B C D	Radiator	0.1	AM L N/A	Y				
A B C D	Floor	0.0	AM L N/A	Y				
A B C D	Ceiling	0.1	AM L N/A	Y				
A B C D	Door	0.3	AM L N/A	Y				
A B C D	Door Casing	0.1	AM L N/A	Y				
A B C D	Door Jamb	0.4	AM L N/A	Y				
A B C D	Threshold	0.1	AM L N/A	Y				
A B C D	Door	0.1	AM L N/A	Y				
A B C D	Door Casing	0.2	AM L N/A	Y				
A B C D	Door Jamb	0.1	AM L N/A	Y				
A B C D	Threshold	0.1	AM L N/A	Y				
A B C D	Door	0.2	AM L N/A	Y				
A B C D	Door Casing	0.1	AM L N/A	Y				
A B C D	Door Jamb	0.0	AM L N/A	Y				
A B C D	Threshold	0.0	AM L N/A	Y				
A B C D	Door	0.4	AM L N/A	Y				
A B C D	Door Casing	0.1	AM L N/A	Y				
A B C D	Door Jamb	0.2	AM L N/A	Y				
A B C D	Threshold	0.1	AM L N/A	Y				
A B C D	Closest Door	0.1	AM L N/A	Y				
A B C D	Closest Casing	0.1	AM L N/A	Y				
A B C D	Closest Jamb	0.1	AM L N/A	Y				
A B C D	Closest Walls	0.1	AM L N/A	Y				
A B C D	Closest Baseboard	0.1	AM L N/A	Y				
A B C D	Closest Pole	0.1	AM L N/A	Y				
A B C D	Closest Shelf	0.1	AM L N/A	Y				
A B C D	Closest Supports	0.1	AM L N/A	Y				
A B C D	Closest Floor	0.1	AM L N/A	Y				
A B C D	Closest Ceiling	0.1	AM L N/A	Y				

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.3	AM L N/A	Y				
B	Win Apron	0.3	AM L N/A	Y				
C	Win Casing	0.1	AM L N/A	Y				
D	Header Stop	0.4	AM L N/A	Y				
	Int Stops	0.1	AM L N/A	Y				
1	Win Int Sash	0.2	AM L N/A	Y				
2	Exterior Sill	0.9	AM L N/A	Y				
3	Part Bead	0.2	AM L N/A	Y				
4	Blind Stop	0.0	AM L N/A	Y				
	Win Ext Sash	0.2	AM L N/A	Y				
A	Window Sill	0.4	AM L N/A	Y				
B	Win Apron	0.2	AM L N/A	Y				
C	Win Casing	0.1	AM L N/A	Y				
D	Header Stop	0.3	AM L N/A	Y				
	Int Stops	0.2	AM L N/A	Y				
1	Win Int Sash	0.2	AM L N/A	Y				
2	Exterior Sill	0.9	AM L N/A	Y				
3	Part Bead	0.2	AM L N/A	Y				
4	Blind Stop	0.0	AM L N/A	Y				
	Win Ext Sash	0.2	AM L N/A	Y				
A B	Up Cab Frame	0.1	AM L N/A	Y				
C D	Up Cab Door	0.3	AM L N/A	Y				
	Up Cab Walls	0.2	AM L N/A	Y				
1 2	Up Cab Strips	0.2	AM L N/A	Y				
3 4	Supports	0.1	AM L N/A	Y				
	Low Cab Frame	0.1	AM L N/A	Y				
A B	Low Cab Door	0.0	AM L N/A	Y				
C D	Low Cab Walls	0.2	AM L N/A	Y				
	Low Cab Strips	0.1	AM L N/A	Y				
1 2	Supports	0.0	AM L N/A	Y				
3 4	Drawers	0.2	AM L N/A	Y				
A B C D	Win Above 5	0.1	AM L N/A	Y				
		0.1	AM L N/A	Y				
		0.1	AM L N/A	Y				
		0.1	AM L N/A	Y				
		0.1	AM L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed releader

DEF	LOCATION	MEASURE: LOGS/PAINT	IC DATE	IC METHOD

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose AM surfaces

Christine Caulfield
Inspector (pnnl)

M-1950
Lic #

Christine Caulfield
Signature

05-05-16
Date

Page 17 of 36

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

68 Brooks Ave

Apt #

City: Newtonville

CONTINUATION OF ROOM (Kitchen)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG	IC	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A/B	Door	0.0	A/M L N/A	Y					
C/D	Door Casing	0.2	A/M L N/A	Y					
#3	Door Jamb	0.3	A/M L N/A	Y					
	Threshold	0.1	A/M L N/A	Y					
A/B	Door Casing	0.3	A/M L N/A	Y					
C/D	Door Casing	0.1	A/M L N/A	Y					
#1	Door Jamb	0.0	A/M L N/A	Y					
	Threshold	0.1	A/M L N/A	Y					
A/B	Door	0.0	A/M L N/A	Y					
C/D	Door Casing	0.2	A/M L N/A	Y					
#2	Door Jamb	0.1	A/M L N/A	Y					
	Threshold	0.1	A/M L N/A	Y					
A	Closet Door	0.0	A/M L N/A	Y					
B	Closet Casing	0.2	A/M L N/A	Y					
C	Closet Jamb	0.3	A/M L N/A	Y					
D	Closet Walls	0.1	A/M L N/A	Y					
#2	Closet Baseboard	0.0	A/M L N/A	Y					
	Closet Pole	0.1	A/M L N/A	Y					
	Closet Shelf	0.2	A/M L N/A	Y					
	Closet Supports	0.1	A/M L N/A	Y					
	Closet Drawers	0.0	A/M L N/A	Y					
	Closet Frame	0.4	A/M L N/A	Y					
	Closet Floor	0.1	A/M L N/A	Y					
	Closet Ceiling	0.1	A/M L N/A	Y					
A/B	Shivs Above 5'	0.1	A/M L N/A	Y					
C/D	Cab Above 5'	0.1	A/M L N/A	Y					
A/B	Cab Above 5'	0.1	A/M L N/A	Y					
C/D	Cab Above 5'	0.1	A/M L N/A	Y					
A/B	Up Cab Frame	0.1	A/M L N/A	Y					
C/D	Up Cab Door	0.1	A/M L N/A	Y					
	Up Cab Walls	0.1	A/M L N/A	Y					
	Up Cab Shvs	0.1	A/M L N/A	Y					
	Supports	0.1	A/M L N/A	Y					

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG	IC	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A/B	Low Cab From	0.1	A/M L N/A	Y					
C/D	Low Cab Door	0.1	A/M L N/A	Y					
#	Low Cab Walls	0.1	A/M L N/A	Y					
	Low Cab Shvs	0.1	A/M L N/A	Y					
	Supports	0.1	A/M L N/A	Y					
	Drawers	0.1	A/M L N/A	Y					
A	Window Sill	0.1	A/M L N/A	Y					
B	Win Apron	0.1	A/M L N/A	Y					
C	Win Casing	0.1	A/M L N/A	Y					
D	Header Stop	0.1	A/M L N/A	Y					
#	Int Stops	0.1	A/M L N/A	Y					
	Win Int Sash	0.1	A/M L N/A	Y					
	Exterior Sill	0.1	A/M L N/A	Y					
	Part Bead	0.1	A/M L N/A	Y					
	Blind Stop	0.1	A/M L N/A	Y					
	Win Ext Sash	0.1	A/M L N/A	Y					
A	Window Sill	0.1	A/M L N/A	Y					
B	Win Apron	0.1	A/M L N/A	Y					
C	Win Casing	0.1	A/M L N/A	Y					
D	Header Stop	0.1	A/M L N/A	Y					
#	Int Stops	0.1	A/M L N/A	Y					
	Win Int Sash	0.1	A/M L N/A	Y					
	Exterior Sill	0.1	A/M L N/A	Y					
	Part Bead	0.1	A/M L N/A	Y					
	Blind Stop	0.1	A/M L N/A	Y					
	Win Ext Sash	0.1	A/M L N/A	Y					
A/B	Fireplace	0.1	A/M L N/A	Y					
C/D	Mantel	0.1	A/M L N/A	Y					
A/B	Sidelight (L)	0.1	A/M L N/A	Y					
C/D	Sidelight (R)	0.1	A/M L N/A	Y					
A/B	Win Above 5'	0.1	A/M L N/A	Y					
C/D	Win Above 5'	0.1	A/M L N/A	Y					

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

DATE	DESCRIPTION	DATE	DESCRIPTION

Check the box if this ROOM IS RULED OUT for abatement because there are too many defects with surface materials and/or structural defects.

Inspector (print)
Christine Caulfield

Uc #
M-1950

Signature
Christine Caulfield

Date
05/03/14

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Risk Assessor (print)

Signature

Date

Address of Property: 68 Brooks Ave

Apt. #

City: Newtonville

PANTRY Bathroom #1

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	00	AM L N/A	Y				
A B	Low Walls	02	AM L N/A	Y				
A B	Baseboards	01	AM L N/A	Y				
A B	Chair Rail	01	AM L N/A	Y				
A B	Radiator		AM L N/A	Y				
A B	Floor	04	AM L N/A	Y				
A B	Ceiling	02	AM L N/A	Y				
A B	Door	00	AM L N/A	Y				
C D	Door Casing	02	AM L N/A	Y				
1 2	Door Jamb	01	AM L N/A	Y				
3 4	Threshold	00	AM L N/A	Y				
A B	Door	02	AM L N/A	Y				
C D	Door Casing	01	AM L N/A	Y				
1 2	Door Jamb	00	AM L N/A	Y				
3 4	Threshold	02	AM L N/A	Y				
A B	Closet Door	00	AM L N/A	Y				
B	Cl Casing	02	AM L N/A	Y				
C	Closet Jamb	01	AM L N/A	Y				
D	Closet Walls	04	AM L N/A	Y				
	Cl Baseboard	01	AM L N/A	Y				
1	Closet Pole		AM L N/A	Y				
2	Closet Shelf	01	AM L N/A	Y				
3	Cl Supports	03	AM L N/A	Y				
4	Closet Floor	01	AM L N/A	Y				
	Closet Ceiling	01	AM L N/A	Y				
A B	Up Cab Frame		AM L N/A	Y				
C D	Up Cab Door		AM L N/A	Y				
	Up Cab Walls		AM L N/A	Y				
1 2	Up Cab Shlvs		AM L N/A	Y				
3 4	Supports		AM L N/A	Y				
D	door	02	AM L N/A	Y				
	Casing	01	AM L N/A	Y				
	Jamb	01	AM L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

NO.	LOCATION	ASURE LOGS PANT	IC	IC
		DATE (MM.YY.00)	DATE	METH

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose P.M. surfaces

Risk Assessor (print) _____ List _____ Signature _____ Date _____
Address of Property: 68 Brooks Ave Apt. # --- City Newtonville
BATHROOM # 2

BATHROOM #										KITCHEN									
SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH		SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	
A B	Up Walls	0.1	AM L N/A	Y							Low Cab Frame	0.0	AM L N/A	Y					
A B	Low Walls	0.2	AM L N/A	Y						A B	Low Cab Door	0.2	AM L N/A	Y					
A B	Baseboards	0.0	AM L N/A	Y						C D	Low Cab Walls	0.1	AM L N/A	Y					
A B	Chair Rail	/	AM L N/A	Y							Low Cab Shlvs	0.1	AM L N/A	Y					
A B	Radiator	/	AM L N/A	Y						12	Supports	0.2	AM L N/A	Y					
-	Floor	0.1	AM L N/A	Y						34	Drawers	0.1	AM L N/A	Y					
-	Ceiling	0.2	AM L N/A	Y						A	Window Sill	0.0	AM L N/A	Y					
A B	Door	0.5	AM L N/A	Y						B	Win Apron	0.2	AM L N/A	Y					
C D	Door Casing	1.0	AM L N/A	Y						C	Win Casing	0.1	AM L N/A	Y					
12	Door Jamb	0.0	AM L N/A	Y						D	Header Stop	0.2	AM L N/A	Y					
34	Threshold	0.1	AM L N/A	Y							Int Stops	0.3	AM L N/A	Y					
A B	Door	0.4	AM L N/A	Y						1	Win Int Sash	1.1	AM L N/A	Y					
C D	Door Casing	1.8	AM L N/A	Y						2	Exterior Sill	0.9	AM L N/A	Y					
12	Door Jamb	0.0	AM L N/A	Y						3	Part Bead	1.2	AM L N/A	Y					
34	Threshold	0.1	AM L N/A	Y						4	Blind Stop	0.9	AM L N/A	Y					
A	Closet Door	.	AM L N/A	Y							Win Ext Sash	1.1	AM L N/A	Y					
B	Cl Casing	.	AM L N/A	Y						A B	Win Above 6'	.	AM L N/A	Y					
C	Closet Jamb	.	AM L N/A	Y						A B	Ceiling Molding	.	AM L N/A	Y					
D	Closet Walls	.	AM L N/A	Y						A B	Medicine Cab	.	AM L N/A	Y					
	Cl Baseboard	.	AM L N/A	Y						A B	Wall O/C	.	AM L N/A	Y					
1	Closet Pole	.	AM L N/A	Y						H	Cutlery	.	AM L N/A	Y					
2	Closet Shelf	.	AM L N/A	Y							area	0.0	AM L N/A	Y					
3	Cl Supports	.	AM L N/A	Y							.	.	AM L N/A	Y					
4	Closet Floor	.	AM L N/A	Y							.	.	AM L N/A	Y					
	Closet Ceiling	.	AM L N/A	Y							.	.	AM L N/A	Y					
A B	Up Cab Frame	.	AM L N/A	Y							.	.	AM L N/A	Y					
C D	Up Cab Door	.	AM L N/A	Y							.	.	AM L N/A	Y					
	Up Cab Walls	.	AM L N/A	Y							.	.	AM L N/A	Y					
12	Up Cab Shlvs	.	AM L N/A	Y							.	.	AM L N/A	Y					
34	Supports	.	AM L N/A	Y							.	.	AM L N/A	Y					

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed reloador.

AGE	LOCATION	MEASURE, COAT, PAINT MORE THAN 30 IN	IC DATE	Y NEED	<input type="checkbox"/> Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with asbestos problems and/or 3 or more pose ACM surfaces

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Date _____

City: Newtownville

[illegible]

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed veneer.

NO.	LOCATION	MEASURED GROSS AMT (MORE THAN 128 SQ. IN.)	Q DATE	Q REF-NO

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A.M. surfaces

Risk Assessor (print) _____ Lic # _____ Signature _____ Date _____
Address of Property: 68 Brooks Ave Apt. # _____ City: Newtonville
Hallway: Interior # _____ or Common Hallway: Front Rear Floor # _____

HALLWAY: Interior # _____ or _____ Common Hallway: Front _____ Rear _____ Floor # _____									
SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	
A B	Up Walls	00	AM L N/A	Y					
A B	Low Walls	02	AM L N/A	Y					
A B	Baseboards	01	AM L N/A	Y					
A B	Chair Rail	/	AM L N/A	Y					
A B	Radiator	/	AM L N/A	Y					
A B	Floor	02	AM L N/A	Y					
A B	Ceiling	00	AM L N/A	Y					
A B	Doors	02	AM L N/A	Y					
A B	Door Casing	01	AM L N/A	Y					
A B	Door Jamb	00	AM L N/A	Y					
A B	Threshold	00	AM L N/A	Y					
A B	Door	04	AM L N/A	Y					
A B	Door Casing	02	AM L N/A	Y					
A B	Door Jamb	01	AM L N/A	Y					
A B	Threshold	04	AM L N/A	Y					
A B	Door	02	AM L N/A	Y					
A B	Door Casing	01	AM L N/A	Y					
A B	Door Jamb	00	AM L N/A	Y					
A B	Threshold	01	AM L N/A	Y					
A B	Door	02	AM L N/A	Y					
A B	Door Casing	01	AM L N/A	Y					
A B	Door Jamb	00	AM L N/A	Y					
A B	Threshold	00	AM L N/A	Y					
A B	Door	01	AM L N/A	Y					
A B	Door Casing	02	AM L N/A	Y					
A B	Door Jamb	02	AM L N/A	Y					
A B	Threshold	02	AM L N/A	Y					
A B	Closest Door	01	AM L N/A	Y					
A B	CI Casing	00	AM L N/A	Y					
A B	Closest Jamb	02	AM L N/A	Y					
A B	Closest Walls	01	AM L N/A	Y					
A B	CI Baseboard	01	AM L N/A	Y					
A B	Closest Pole	00	AM L N/A	Y					
A B	Closest Shelf	02	AM L N/A	Y					
A B	CI Supports	01	AM L N/A	Y					
A B	Closest Floor	00	AM L N/A	Y					
A B	Closest Ceiling	01	AM L N/A	Y					
A B	Window Sill	01	AM L N/A	Y					
A B	Win Apron	01	AM L N/A	Y					
A B	Win Casing	01	AM L N/A	Y					
A B	Header Stop	01	AM L N/A	Y					
A B	Int Stops	01	AM L N/A	Y					
A B	Win Int Sash	01	AM L N/A	Y					
A B	Exterior Sill	01	SF L N/A	Y					
A B	Part Bead	01	L N/A	Y					
A B	Blind Stop	01	SF L N/A	Y					
A B	Win Ext Sash	01	L N/A	Y					
A B	Window Sill	01	AM L N/A	Y					
A B	Win Apron	01	AM L N/A	Y					
A B	Win Casing	01	AM L N/A	Y					
A B	Header Stop	01	AM L N/A	Y					
A B	Int Stops	01	AM L N/A	Y					
A B	Win Int Sash	01	AM L N/A	Y					
A B	Exterior Sill	01	SF L N/A	Y					
A B	Part Bead	01	L N/A	Y					
A B	Blind Stop	01	SF L N/A	Y					
A B	Win Ext Sash	01	L N/A	Y					
A B	Win Above S	01	AM L N/A	Y					
A B	Ceiling Molding	01	AM L N/A	Y					
A B	Door	01	AM L N/A	Y					

COMMENTS / STRUCTURAL DEFECTS:

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made inert only by a licensed deleader.

DATE	LOCATION	CASH RECEIPT FROM	TO	C
		CASH FROM, 18 22 21	DATE	RECEIVED

☐ Check the box if this ROOM is RULED OUT for
competition because there are 3 or more surfaces with adhesion
systems on or above 3.0 M surfaces

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Date _____

city: Newtownville

Common Hallway: Front Rear Floor #

COMMENTS / STRUCTURAL DEFECTS:

A bench 0.0

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

AGE	LOCATION	MEASURE: LOOSE PART (MORE THAN 200 SQ. IN.)	IS DATE	IS METHOD

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A/M surfaces

Christine Caulfield
Inspector (print)

M-1950
Lic #

Christine Caulfield
Signature

05/05/14
Date

Page 23 of 36

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 68 Brooks Ave

Apt. #

City: Newtonville

HALLWAY: Interior # 3 or Common Hallway: Front Rear Floor #

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	00	AM L N/A	Y					A	Closet Door	00	AM L N/A	Y				
A B	Low Walls	02	AM L N/A	Y					(B)	CI Casing	02	AM L N/A	Y				
A B	Baseboards	00	AM L N/A	Y					C	Closet Jamb	00	AM L N/A	Y				
A B	Coat Rail		AM L N/A	Y					D	Closet Walls	01	AM L N/A	Y				
A B	Radiator		AM L N/A	Y						CI Baseboard	00	AM L N/A	Y				
A B	Floor	02	AM L N/A	Y					(1)	Closet Pole	03	AM L N/A	Y				
A B	Ceiling	02	AM L N/A	Y					2	Closet Shelf	02	AM L N/A	Y				
A B	Door	00	AM L N/A	Y					3	CI Suppns	02	AM L N/A	Y				
C D	Door Casing	01	AM L N/A	Y					4	Closet Floor	02	AM L N/A	Y				
(1) 2	Door Jamb	01	AM L N/A	Y						Closet Ceiling	02	AM L N/A	Y				
3 4	Threshold	09	AM L N/A	Y					A	Window Sill		AM L N/A	Y				
A B	Door	00	AM L N/A	Y					B	Win Apron		AM L N/A	Y				
C D	Door Casing	02	AM L N/A	Y					C	Win Casing		AM L N/A	Y				
(1) 2	Door Jamb	01	AM L N/A	Y					D	Header Stop		AM L N/A	Y				
3 4	Threshold	01	AM L N/A	Y						Int Stops		AM L N/A	Y				
A B	Door	03	AM L N/A	Y					1	Win Int Sash		AM L N/A	Y				
C D	Door Casing	01	AM L N/A	Y					2	Exterior Sill		SF L N/A	Y				
(1) 2	Door Jamb	01	AM L N/A	Y					3	Part Bead		L N/A	Y				
3 4	Threshold	02	AM L N/A	Y					4	Blind Stop		SF L N/A	Y				
A B	Door	01	AM L N/A	Y						Win Ext Sash		L N/A	Y				
C D	Door Casing	04	AM L N/A	Y					A	Window Sill		AM L N/A	Y				
(1) 2	Door Jamb	03	AM L N/A	Y					B	Win Apron		AM L N/A	Y				
3 4	Threshold	00	AM L N/A	Y					C	Win Casing		AM L N/A	Y				
A B	Door	01	AM L N/A	Y					D	Header Stop		AM L N/A	Y				
C D	Door Casing	00	AM L N/A	Y						Int Stops		AM L N/A	Y				
(1) 2	Door Jamb	02	AM L N/A	Y					1	Win Int Sash		AM L N/A	Y				
3 4	Threshold	01	AM L N/A	Y					2	Exterior Sill		SF L N/A	Y				
D	Door	01	AM L N/A	Y					3	Part Bead		L N/A	Y				
(1)	Casing	00	AM L N/A	Y					4	Blind Stop		SF L N/A	Y				
(2)	Jamb	02	AM L N/A	Y						Win Ext Sash		L N/A	Y				
D	Door	01	AM L N/A	Y					A B	Win Above S		AM L N/A	Y				
(1)	Casing	01	AM L N/A	Y					C D	Ceiling Molding		AM L N/A	Y				
(2)	Jamb	00	AM L N/A	Y								AM L N/A	Y				
D	Door	00	AM L N/A	Y								AM L N/A	Y				
(1)	Casing	02	AM L N/A	Y													
(2)	Jamb	02	AM L N/A	Y													
4	Ceiling		AM L N/A	Y													

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed abator.

DATE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 250 SQ. IN.)	IC DATE	IC METH

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A.M. surfaces

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Date _____

CITY: Newtonville

Common Hallway: Front Rear Floor #_____

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A/M surfaces

Page 5 Of 26

Date _____

City: Newtonville

12

COMMENTS / STRUCTURAL DEFECTS:

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A.M. surfaces

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Date _____

City Newtownville

2.3

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill		M/I A/M L N/A	Y				
B	Win Apron		A/M L N/A	Y				
C	Win Casing		A/M L N/A	Y				
D	Header Stop		M/I A/M L N/A	Y				
	Int Slops		M/I A/M L N/A	Y				
1	Win Int Sash		M/I A/M L N/A	Y				
2	Exterior Sill		M/I SF L N/A	Y				
3	Part Bead		M/I L N/A	Y				
4	Blind Stop		M/I SF L N/A	Y				
	Win Ext Sash		M/I L N/A	Y				
A	Window Sill		M/I A/M L N/A	Y				
B	Win Apron		A/M L N/A	Y				
C	Win Casing		A/M L N/A	Y				
D	Header Stop		M/I A/M L N/A	Y				
	Int Slops		M/I A/M L N/A	Y				
1	Win Int Sash		M/I A/M L N/A	Y				
2	Exterior Sill		M/I SF L N/A	Y				
3	Part Bead		M/I L N/A	Y				
4	Blind Stop		M/I SF L N/A	Y				
	Win Ext Sash		M/I L N/A	Y				
	Newel Post	00	A/M L N/A	Y				
	Railing Cap	02	A/M L N/A	Y				
	Handrail		A/M L N/A	Y				
	Balusters	00	A/M L N/A	Y				
	Lower rail	00	A/M L N/A	Y				
	Treads	00	A/M L N/A	Y				
	Risers	00	A/M L N/A	Y				
	Stringer	02	A/M L N/A	Y				
	Floor Edge	0-1	A/M L N/A	Y				
	Floor Casing	0-1	A/M L N/A	Y				
			M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXPOSED SURFACES: Surfaces listed in these boxes can be made intact only by a Licensed Installer.

[illegible]

☐ Check the box if this RCM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose AIM surfaces

Page 27 of 36

Date _____

City: Newtonville

Rear 1-2

COMMENTS / STRUCTURAL DEFECTS

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed releaser.

SIDE	LOCATION	MEASURE LOOSE PAINT (MORE THAN 28 SQ. IN.)	IC	IC
			DATE	METHOD

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A.M. surfaces

Christine Caulfield
Inspector (print)

M-1950
Lic #

Signature

Date

Page 28 of 36

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 68 Brooks Ave

Act #

City: Newtonville

PORCH (A) B C D (circle one) 1st fl 2nd fl 3rd fl 4th fl (circle one)

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Sliding	98	L N/A	Y				
C D	Corner Boards	98	L N/A	Y				
	Upper Trim	99	L N/A	Y				
	Ceiling	99	L N/A	Y				
	Joists	98	L N/A	Y				
A	Door	98	A/M L N/A	Y				
B	Storm Door	98	A/M L N/A	Y				
C	Door Casing	98	A/M L N/A	Y				
D	Door Jamb	93	A/M L N/A	Y				
12	Threshold	91	A/M L N/A	Y				
34	Kickplate	91	A/M L N/A	Y				
A	Door		A/M L N/A	Y				
B	Storm Door		A/M L N/A	Y				
C	Door Casing		A/M L N/A	Y				
D	Door Jamb		A/M L N/A	Y				
12	Threshold		A/M L N/A	Y				
34	Kickplate		A/M L N/A	Y				
A B	Window Sill		A/M L N/A	Y				
C D	Win Casing		A/M L N/A	Y				
12	Window Sash		A/M L N/A	Y				
34	Mullions		A/M L N/A	Y				
A B	Window Sill		A/M L N/A	Y				
C D	Win Casing		A/M L N/A	Y				
12	Window Sash		A/M L N/A	Y				
34	Mullions		A/M L N/A	Y				
A B	Window Sill		A/M L N/A	Y				
C D	Win Casing		A/M L N/A	Y				
12	Window Sash		A/M L N/A	Y				
34	Mullions		A/M L N/A	Y				
A B	Window Sill		A/M L N/A	Y				
C D	Win Casing		A/M L N/A	Y				
12	Window Sash		A/M L N/A	Y				
34	Mullions		A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 1/4" OR 1/2")	IC DATE	IC METH

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A/M surfaces.

ONLY PART OF THE ENCLOSURE PORCH WILL BE ABATED LEAD-PAINTED

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PORCH (A) B C D (circle one) 1st fl 2nd fl 3rd fl 4th fl (circle one)

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed dealer.

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose AIM surfaces

ONLY CONSIDER ENCAPSULANTS IF PORCH IS USED AS INTERIOR LIVING SPACE

Christine Caulfield
Inspector (print)

M-1950
Lic #

Christine Caulfield
Signature

05/05/16
Date

Page 30 of 36

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

68 Brooks Ave

Apt. #

City Newtonville

PORCH A B C (D) (circle one) 1st fl 2nd fl 3rd fl 4th fl (circle one)

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC	IC DATE	IC METH	DELEAD	DELEAD DATE	DELEAD METH
AB	Sliding	0.1	L N/A	Y						
CD	Corner Boards	0.1	L N/A	Y						
	Upper Trim	0.1	L N/A	Y						
	Casing	0.1	L N/A	Y						
	Joints	0.1	L N/A	Y						
A	Door	0.2	AM L N/A	Y						
B	Storm Door	0.1	AM L N/A	Y						
C	Door Casing	0.2	AM L N/A	Y						
D	Door Jamb	0.1	AM L N/A	Y						
12	Threshold	0.1	AM L N/A	Y						
34	Kickplate	0.1	AM L N/A	Y						
A	Door	0.2	AM L N/A	Y						
B	Storm Door	0.1	AM L N/A	Y						
C	Door Casing	0.1	AM L N/A	Y						
D	Door Jamb	0.1	AM L N/A	Y						
12	Threshold	0.1	AM L N/A	Y						
34	Kickplate	0.1	AM L N/A	Y						
A	Window Sill	0.1	AM L N/A	Y						
CD	Win Casing	0.1	AM L N/A	Y						
12	Window Sash	0.1	AM L N/A	Y						
34	Mullions	0.1	AM L N/A	Y						
A	Window Sill	0.1	AM L N/A	Y						
CD	Win Casing	0.1	AM L N/A	Y						
12	Window Sash	0.1	AM L N/A	Y						
34	Mullions	0.1	AM L N/A	Y						
A	Window Sill	0.1	AM L N/A	Y						
CD	Win Casing	0.1	AM L N/A	Y						
12	Window Sash	0.1	AM L N/A	Y						
34	Mullions	0.1	AM L N/A	Y						
A	Window Sill	0.1	AM L N/A	Y						
CD	Win Casing	0.1	AM L N/A	Y						
12	Window Sash	0.1	AM L N/A	Y						
34	Mullions	0.1	AM L N/A	Y						

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed releader.

AGE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 1440 SQ. IN.)	G	DATE

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems under 2 or more code and SW 1033

Christine Caulfield M-1950 *Christine Caulfield* 05/05/14
 Inspector (print) UIC# Signature Date

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Risk Assessor (print) UIC# Signature Date
 Address of Property: *68 Brooks Ave* Apt. # *---* City: *Newtonville*
 EXTERIOR A Side

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Siding	<i>CA</i>	L N/A	Y				
A	Corner Boards	<i>CA</i>	L N/A	Y				
A	Lower Trim	<i>CA</i>	L N/A	Y				
A	Upper Trim	<i>CA</i>	L N/A	Y				
A	Win Above S	<i>CA</i>	L N/A	Y				
A	Porch Above S	<i>CA</i>	L N/A	Y				
A	Storm Door	<i>CA</i>	AM L N/A	Y				
A	Door	<i>CA</i>	AM L N/A	Y				
A	Door Casing	<i>CA</i>	AM L N/A	Y				
1 2	Door Jamb	<i>CA</i>	AM L N/A	Y				
3 4	Threshold	<i>CA</i>	AM L N/A	Y				
A	Kickplate	<i>CA</i>	AM L N/A	Y				
A	Storm Door	<i>CA</i>	AM L N/A	Y				
A	Door	<i>CA</i>	AM L N/A	Y				
A	Door Casing	<i>CA</i>	AM L N/A	Y				
1 2	Door Jamb	<i>CA</i>	AM L N/A	Y				
3 4	Threshold	<i>CA</i>	AM L N/A	Y				
A	Kickplate	<i>CA</i>	AM L N/A	Y				
A	Door	<i>CA</i>	AM L N/A	Y				
A	Door Casing	<i>CA</i>	AM L N/A	Y				
1 2	Door Jamb	<i>CA</i>	AM L N/A	Y				
3 4	Threshold	<i>CA</i>	AM L N/A	Y				
A	Window Sill	<i>CA</i>	AM L N/A	Y				
A	Win Casing	<i>CA</i>	AM L N/A	Y				
A	Window Sash	<i>CA</i>	AM L N/A	Y				
A	Window Sill	<i>CA</i>	AM L N/A	Y				
A	Win Casing	<i>CA</i>	AM L N/A	Y				
A	Window Sash	<i>CA</i>	AM L N/A	Y				
A	Window Sill	<i>CA</i>	AM L N/A	Y				
A	Win Casing	<i>CA</i>	AM L N/A	Y				
A	Window Sash	<i>CA</i>	AM L N/A	Y				
B	Lamp Post	<i>CA</i>	L N/A	Y				

COMMENTS: STRUCTURAL DEFECTS:
 ③ See porch page

Excluded Surfaces: Surfaces listed in this box can be made intact only by a licensed deleader

SIDE	LOCATION	VERS. RE. LOCATION	IC DATE	IC METH
A		AREA (sq. ft.)		
A				
A				
A				

Soil Test Results
 (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (square feet)	RESULT (ppm)	REMED DATE	REMED METH
Play Area				
Front Yard				
Back Yard				

Christine Caulfield M-1950 Christine Caulfield 05/05/16 Page 32 of 36
 Inspector (print) Lic # Signature Date

Risk Assessor (print) Lic # Signature Date
 Address of Property: 68 Brooks Ave Apt # --- City: Newtonville
 EXTERIOR B Side

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Siding	CAV	L N/A	Y				
B	Corner Boards	CAV	L N/A	Y				
B	Lower Trim	CAV	L N/A	Y				
B	Upper Trim	CAV	L N/A	Y				
B	Win Above S	CAV	L N/A	Y				
B	Porch Above S	CAV	L N/A	Y				
B	Storm Door	CAV	A/M L N/A	Y				
B	Door	CAV	A/M L N/A	Y				
B	Door Casing	CAV	A/M L N/A	Y				
1 2	Door Jamb	CAV	A/M L N/A	Y				
3 4	Threshold	CAV	A/M L N/A	Y				
B	Kickplate	CAV	A/M L N/A	Y				
B	Storm Door	CAV	A/M L N/A	Y				
B	Door	CAV	A/M L N/A	Y				
B	Door Casing	CAV	A/M L N/A	Y				
1 2	Door Jamb	CAV	A/M L N/A	Y				
3 4	Threshold	CAV	A/M L N/A	Y				
B	Kickplate	CAV	A/M L N/A	Y				
B	Door	CAV	A/M L N/A	Y				
B	Door Casing	CAV	A/M L N/A	Y				
1 2	Door Jamb	CAV	A/M L N/A	Y				
3 4	Threshold	CAV	A/M L N/A	Y				
B	Window Sill	CAV	A/M L N/A	Y				
B	Win Casing	CAV	A/M L N/A	Y				
B	Window Sash	CAV	A/M L N/A	Y				
B	Window Sill	CAV	A/M L N/A	Y				
B	Win Casing	CAV	A/M L N/A	Y				
B	Window Sash	CAV	A/M L N/A	Y				
B	Window Sill	CAV	A/M L N/A	Y				
B	Win Casing	CAV	A/M L N/A	Y				
B	Window Sash	CAV	A/M L N/A	Y				
9	Lamp Post	CAV	L N/A	Y				
COMMENTS / STRUCTURAL DEFECTS:								
SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Window Sill	CAV	A/M L N/A	Y				
B	Win Casing	CAV	A/M L N/A	Y				
B	Window Sash	CAV	A/M L N/A	Y				
B	Cellar Win Sill	CAV	A/M L N/A	Y				
B	Cell Win Sash	CAV	A/M L N/A	Y				
B	Cell Win Frame	CAV	A/M L N/A	Y				
B	Screen Frame	CAV	A/M L N/A	Y				
B	Cellar Win Sill	CAV	A/M L N/A	Y				
B	Cell Win Sash	CAV	A/M L N/A	Y				
B	Cell Win Frame	CAV	A/M L N/A	Y				
B	Screen Frame	CAV	A/M L N/A	Y				
B	Cellar Win Sill	CAV	A/M L N/A	Y				
B	Cell Win Sash	CAV	A/M L N/A	Y				
B	Cell Win Frame	CAV	A/M L N/A	Y				
B	Screen Frame	CAV	A/M L N/A	Y				
B	Foundation	CAV	L N/A	Y				
B	Bulkhead	CAV	A/M L N/A	Y				
B	Fences	CAV	A/M L N/A	Y				
B	Shutters	CAV	A/M L N/A	Y				
B	Newel post	CAV	A/M L N/A	Y				
B	Railing Cap	CAV	A/M L N/A	Y				
B	Handrail	CAV	A/M L N/A	Y				
B	Balusters	CAV	A/M L N/A	Y				
B	Lower Rail	CAV	A/M L N/A	Y				
B	Treads	CAV	A/M L N/A	Y				
B	Risers	CAV	A/M L N/A	Y				
B	Stringer	CAV	A/M L N/A	Y				
B	Lattice	CAV	A/M L N/A	Y				
B	Drain Pipes	CAV	L N/A	Y				
B	Elec Conduit	CAV	L N/A	Y				
B	Oil Fill Pipe	CAV	L N/A	Y				
B	Overhang Trim	CAV	A/M L N/A	Y				

Excluded Surfaces: Surfaces listed in this box can be made intact only by a licensed deleader

DATE	LOCATION	MEASURE, EXPOSE PAINT (SQUARE INCHES)	IC DATE	IC METH

Soil Test Results
 (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Front Yard				
Back Yard				

Christine Caulfield
Inspector (print)

M-1950
Lic #

Christine Caulfield
Signature

Date

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Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

608 Brooks Ave

Apt #

City: Newtonville

EXTERIOR C Side

SIDE	LOCATION	LEAD	TYPE OF HAZARD	URG	IC	IC	DELEAD	DELEAD
C	SURFACE			HAZ?	DATE	METH	DATE	METH
C	Siding	01	L N/A	Y				
	Corner Boards	01	L N/A	Y				
	Lower Trim	01	L N/A	Y				
	Upper Trim	01	L N/A	Y				
	Win Above S	01	L N/A	Y				
	Porch Above S	01	L N/A	Y				
C	Storm Door	01	AM L N/A	Y				
	Door	02	AM L N/A	Y				
	Door Casing	00	AM L N/A	Y				
	Door Jamb	01	AM L N/A	Y				
	Threshold	01	AM L N/A	Y				
	Kickplate	02	AM L N/A	Y				
C	Storm Door		AM L N/A	Y				
	Door		AM L N/A	Y				
	Door Casing		AM L N/A	Y				
	Door Jamb		AM L N/A	Y				
	Threshold		AM L N/A	Y				
	Kickplate		AM L N/A	Y				
C	Door		AM L N/A	Y				
	Door Casing		AM L N/A	Y				
	Door Jamb		AM L N/A	Y				
	Threshold		AM L N/A	Y				
	Window Sill	01	AM L N/A	Y				
	Window Casing	01	AM L N/A	Y				
C	Window Sash	01	AM L N/A	Y				
	Window Sill		AM L N/A	Y				
	Window Casing		AM L N/A	Y				
	Window Sash		AM L N/A	Y				
	Window Sill		AM L N/A	Y				
	Window Casing		AM L N/A	Y				
C	Window Sash		AM L N/A	Y				
	Lamp Post		L N/A	Y				
	Foundation	00	L N/A	Y				
	Butthead	00	AM L N/A	Y				
	Fences		AM L N/A	Y				
	Shutters		AM L N/A	Y				
C	Handrail	01	AM L N/A	Y				
	Lower Rail	00	AM L N/A	Y				
	Treads	01	AM L N/A	Y				
	Risers	00	AM L N/A	Y				
	Stringer	00	AM L N/A	Y				
	Lattice	01	AM L N/A	Y				
C	Orn Pipes		L N/A	Y				
	Fiber Conduit		L N/A	Y				
	Oil Fill Pipe		L N/A	Y				
	Overhang Trim		AM L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

Excluded Surfaces: Surfaces listed in this box can be made intact only by a licensed deleader

LOC	LOCATION	MEASURE, COSE PAINT (NORM 15-19 140-30, 41)	IC	IC
DATE	DATE	DATE	DATE	DATE

Soil Test Results

(Must be less than 100 ppm for play area / 1250 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULTS (ppm)	REMED	REMED
DATE	DATE	DATE	DATE	DATE

Christine Caulfield
Inspector (print)

M-1950
Lic #

Christine Caulfield
Signature

05/05/16
Date

Page 34 of 36

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

68 Brooks Ave

Apt #

City: Newtonville

EXTERIOR D Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
D	Siding	CA	L N/A	Y				
	Corner Boards	CA	L N/A	Y				
	Lower Trim	CA	L N/A	Y				
	Upper Trim	CA	L N/A	Y				
	Win Above S	CA	L N/A	Y				
D	Porch Above S	CA	L N/A	Y				
	Storm Door		A/M L N/A	Y				
	Door		A/M L N/A	Y				
	Door Casing	CA	A/M L N/A	Y				
	Door Jamb	CA	A/M L N/A	Y				
1 2	Threshold	CA	A/M L N/A	Y				
	Kickplate		A/M L N/A	Y				
	Storm Door		A/M L N/A	Y				
	Door		A/M L N/A	Y				
	Door Casing		A/M L N/A	Y				
1 2	Door Jamb		A/M L N/A	Y				
	Threshold		A/M L N/A	Y				
	Kickplate		A/M L N/A	Y				
	Door		A/M L N/A	Y				
	Door Casing		A/M L N/A	Y				
1 2	Door Jamb		A/M L N/A	Y				
	Threshold		A/M L N/A	Y				
	Window Sill	CA	A/M L N/A	Y				
	Win Casing	CA	A/M L N/A	Y				
	Window Sash	CA	A/M L N/A	Y				
D	Window Sill	CA	A/M L N/A	Y				
	Win Casing	CA	A/M L N/A	Y				
	Window Sash	CA	A/M L N/A	Y				
	Window Sill	CA	A/M L N/A	Y				
	Win Casing	CA	A/M L N/A	Y				
D	Window Sash	CA	A/M L N/A	Y				
	Window Sill	CA	A/M L N/A	Y				
	Win Casing	CA	A/M L N/A	Y				
	Window Sash	CA	A/M L N/A	Y				
	Window Sill	CA	A/M L N/A	Y				
D	Win Casing	CA	A/M L N/A	Y				
	Window Sash	CA	A/M L N/A	Y				
	Lamp Post		L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

Excluded Surfaces: Surfaces listed in this box can be made
inert only by a licensed deleader

DATE	LOCATION	LEAD/PE LOOSE PAINT (MORE THAN 140 SQ. IN.)	IC DATE	IC METH

Soil Test Results

(Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (SQ. YD. / FT.)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				
Comments:				

Christine Caulfield
Inspector (print)

11-1950

Lic #

Signature

Date

Christine Caulfield

05/05/16

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Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

68 Brooks Ave

Apt. #

City: Newtonville

GARAGE

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Siding	0.1	L N/A	Y					C	Siding	0.1	L N/A	Y				
A	Corner Boards	0.1	L N/A	Y					C	Corner Boards	0.1	L N/A	Y				
	Lower Trim	0.1	L N/A	Y						Lower Trim	0.1	L N/A	Y				
	Upper Trim	0.1	L N/A	Y						Upper Trim	0.1	L N/A	Y				
	Door	0.1	A/M L N/A	Y					C	Door	0.1	A/M L N/A	Y				
	Door Casing	0.1	A/M L N/A	Y						Door Casing	0.1	A/M L N/A	Y				
	Door Jamb	0.1	A/M L N/A	Y						Door Jamb	0.1	A/M L N/A	Y				
	Threshold	0.1	A/M L N/A	Y						Threshold	0.1	A/M L N/A	Y				
	Window Sill	0.1	A/M L N/A	Y					C	Window Sill	0.1	A/M L N/A	Y				
	Win Casing	0.1	A/M L N/A	Y						Win Casing	0.1	A/M L N/A	Y				
	Win Sash	0.1	A/M L N/A	Y						Win Sash	0.1	A/M L N/A	Y				
A	Foundation	0.1	L N/A	Y					C	Foundation	0.1	L N/A	Y				
COMMENTS / STRUCTURAL DEFECTS:									COMMENTS / STRUCTURAL DEFECTS:								

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 1440 SQ. IN.)	IC DATE	IC METHOD	SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 1440 SQ. IN.)	IC DATE	IC METHOD
A					C				
A					C				
A					C				
A					C				

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Siding	0.1	L N/A	Y					D	Siding	0.1	L N/A	Y				
B	Corner Boards	0.1	L N/A	Y					D	Corner Boards	0.1	L N/A	Y				
	Lower Trim	0.1	L N/A	Y						Lower Trim	0.1	L N/A	Y				
	Upper Trim	0.1	L N/A	Y						Upper Trim	0.1	L N/A	Y				
	Door	0.1	A/M L N/A	Y					D	Door	0.1	A/M L N/A	Y				
	Door Casing	0.1	A/M L N/A	Y						Door Casing	0.1	A/M L N/A	Y				
	Door Jamb	0.1	A/M L N/A	Y						Door Jamb	0.1	A/M L N/A	Y				
	Threshold	0.1	A/M L N/A	Y						Threshold	0.1	A/M L N/A	Y				
	Window Sill	0.1	A/M L N/A	Y					D	Window Sill	0.1	A/M L N/A	Y				
	Win Casing	0.1	A/M L N/A	Y						Win Casing	0.1	A/M L N/A	Y				
	Win Sash	0.1	A/M L N/A	Y						Win Sash	0.1	A/M L N/A	Y				
B	Foundation	0.1	L N/A	Y					D	Foundation	0.1	L N/A	Y				
COMMENTS / STRUCTURAL DEFECTS:									COMMENTS / STRUCTURAL DEFECTS:								

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 1440 SQ. IN.)	IC DATE	IC METHOD	SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 1440 SQ. IN.)	IC DATE	IC METHOD
B					D				
B					D				
B					D				

Christine Caulfield

11-1950

Christine Caulfield

05/05/16

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property

68

Brooks Ave. Apt. 2

City: Northville

Sheet

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG	IC	IC	DELEAD	DELEAD
				HAZ?	DATE	METH	DATE	METH
A	Siding	CN	L N/A	Y				
A	Corner Boards	CN	L N/A	Y				
A	Lower Trim	CN	L N/A	Y				
A	Upper Trim	9.9	L N/A	Y				
A	Door	0.0	A/M L N/A	Y				
A	Door Casing	0.1	A/M L N/A	Y				
A	Door Jamb	0.2	A/M L N/A	Y				
A	Threshold	Met	A/M L N/A	Y				
A	Window Sill	/	A/M L N/A	Y				
A	Win Casing	/	A/M L N/A	Y				
A	Win Sash	/	A/M L N/A	Y				
A	Foundation	0.1	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 1440 SQ. IN.)	IC	IC
			DATE	METHOD
A				
A				
A				
A				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG	IC	IC	DELEAD	DELEAD
				HAZ?	DATE	METH	DATE	METH
B	Siding	CN	L N/A	Y				
B	Corner Boards	CN	L N/A	Y				
B	Lower Trim	CN	L N/A	Y				
B	Upper Trim	9.9	L N/A	Y				
B	Door	/	A/M L N/A	Y				
B	Door Casing	/	A/M L N/A	Y				
B	Door Jamb	/	A/M L N/A	Y				
B	Threshold	/	A/M L N/A	Y				
B	Window Sill	/	A/M L N/A	Y				
B	Win Casing	/	A/M L N/A	Y				
B	Win Sash	/	A/M L N/A	Y				
B	Foundation	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 1440 SQ. IN.)	IC	IC
			DATE	METHOD
B				
B				
B				
B				